

Case Number:	CM14-0196168		
Date Assigned:	12/04/2014	Date of Injury:	06/21/2006
Decision Date:	01/21/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/24/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 53 year old female with an injury date of 06/21/06. As per progress report dated 09/30/14, the patient complains of knee pain that is rated at 10/10 without medications and 5/10 with them. The patient is also experiencing numbness and locking and is having trouble transitioning from sitting to standing position and performing activities of daily living. Physical examination of the left knee reveals tenderness in medial joint line and lateral joint line along with pain on hyperextension. McMurray's test and reverse McMurray's test are positive. Physical examination of the right hip, as per progress report dated 06/20/14, reveals tenderness in greater trochanter. The medications include Lithium carbonate, Celebrex and oxycodone, as per progress report dated 09/30/14. The patient is also benefiting from a home exercise regimen. The patient has been advised to remain off work, as per progress report dated 06/20/14. Diagnosis, 09/30/14: Left knee medial and lateral compartment arthrosis, Joint replaced knee, Joint pain, leg. The treater is requesting Peer to Peer EKG, Labs. The utilization review determination being challenged is dated 11/12/14. The rationale was "a request for routine EKG and the vague term lab tests is not recommended or medically necessary." Treatment report was provided for 05/13/14 - 09/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Peer to Peer EKG, labs: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Preoperative Testing, General and Preoperative Lab Testing

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chapter Low Back - Lumbar & Thoracic (Acute & Chronic), Preoperative electrocardiogram (ECG)

Decision rationale: The patient complains of knee pain that is rated at 10/10 without medications and 5/10 with them, as per progress report dated 09/30/14. The request is for PEER TO PEER EKG, LABS. The patient is status post joint replaced knee (date not mentioned) and the treater is planning for a TKA, as per progress report dated 09/30/14. ODG Guidelines, chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic) and topic 'Preoperative electrocardiogram (ECG)', has the following: "Recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography." It supports EKG for orthopedic surgery, but not for endoscopic procedures. Regarding preoperative lab testing, ODG guidelines, chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic) and topic 'Preoperative lab testing', has the following: "Recommended as indicated below. Preoperative additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in perioperative management." ODG recommends electrolyte and creatinine testing for patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure. Random glucose testing is recommended for those with DM. CBC recommended when significant blood loss is anticipated or those at risk of anemia, and coagulation studies for patients with a history of bleeding or bleeding medical condition. In this case, the patient suffers from knee pain and the treater is planning for TKA, as per progress report dated 09/30/14. Although the treater does not explain the need, the request for EKG and labs may be related to this procedure. The progress reports do not document specific risk factors. However, the patient is over 50 years of age and was a smoker in the past. ODG guidelines support the use of EKG for orthopedic procedures. Additionally, lab testing may be needed for patients with certain chronic conditions. Specific lab tests can be determined based on the treater's discretion. This request IS medically necessary.