

<b>Case Number:</b>	CM14-0199443		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	02/21/2013
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/28/2014

### 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 Family Practice and is licensed to practice in New Jersey. 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 injured worker is a 55 year-old male who was injured on 2/21/13 when a heavy pole fell onto his foot. He had a compound fracture of the second metatarsal of his right foot and was status post open reduction internal fixation. He complained of right foot stiffness. On exam, he had well healed surgical scars with well-localized tenderness of the scars, and mild decreased sensation on the dorsum of the right foot. He was diagnosed with abnormality of gait, joint derangement involving ankle and foot, mononeuritis of lower limb, pain in the limb, and unspecified mechanical complication of internal orthopedic device, implant and graft. He was approved for excision of hardware with application of posterior splint due to persistent pain. X-rays revealed that distal cortical screws protrude through the cortex of the metatarsal. He uses special custom orthotics. The current request is for outpatient preoperative labs for a 55 year-old male undergoing local MAC anesthesia, including complete blood count with differential, liver function panel, chemistry panel, with coagulation, and urinalysis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated Surgical Services- outpatient per-operative labs:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back, preoperative lab testing

**Decision rationale:** MTUS guidelines do not address preoperative lab testing so ODG guidelines were used. Although referencing the back, the guidelines can be extrapolated for the patient's outpatient, right foot hardware removal under local MAC anesthesia. As per ODG, a CBC is indicated for patients at risk of anemia or if significant blood loss is anticipated. Random glucose testing should be used with those at high risk of diabetes, while electrolyte and creatinine should be tested in those with chronic disease or taking medications that put them at risk of electrolyte abnormalities or renal failure. Coagulation studies should be done for those with history of bleeding or medical conditions that predispose them to bleeding, or taking anticoagulants. A urinalysis should be done for patients undergoing urologic procedures or implantation of foreign material. The patient does not meet any of these criteria. Therefore, the request is considered not medically necessary.