

Case Number:	CM14-0203711		
Date Assigned:	12/16/2014	Date of Injury:	09/18/2013
Decision Date:	02/11/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/05/2014

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 Orthopedic Surgery, and is licensed to practice in Minnesota. 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 22-year-old male with a date of injury of 9/18/2013. Per progress note of April 10, 2014 he was complaining of right ankle pain rated 5/10. He was using an ankle brace and taking tramadol as needed. On exam there was tenderness to palpation over the right lateral malleolus. Flexion was 10 and extension 15 at the ankle. A follow-up note dated September 30, 2014 indicates an orthopedic surgical consultation. The mechanism of injury described was that he jumped from a loading dock and "bent" his right ankle. On examination there was tenderness over the anterior talofibular ligament. Dorsiflexion was 5 and plantar flexion 35. Inversion and eversion were similar to the contralateral side. Per progress note, the MRI scan revealed abnormal signal in the lateral talar dome consistent with an osteochondral lesion. Other findings indicated an injury involving the anterior talofibular ligament, calcaneofibular ligament, and posterior talofibular ligament. The diagnosis was chronic right lateral ankle sprain with probable residual instability. There was also a right lateral talar osteochondral lesion, rule out anterolateral impingement. Stress films are not documented. Surgery was advised including arthroscopic evaluation, debridement or chondroplasty as well as evaluation of ankle stability and probable repairs. An MRI scan of 5/14/2014 was reported to show evidence of a prior lateral ligamentous complex sprain injury, 5 mm osteochondral lesion of the lateral talar dome and moderate effusion. A request for the medical necessity of right ankle arthroscopy, debridement, chondroplasty, and lateral ankle ligament repair as needed was certified by utilization review. However, a request for preoperative medical clearance and laboratory work and EKG was not certified due to the young age and absence of any documented comorbidities. ODG guidelines were used. This is now appealed to an independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-Op Medical Clearance: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Low back, Topic: Preoperative testing, general.

Decision rationale: California MTUS guidelines do not address this topic. ODG guidelines are therefore used. The requested procedure is classified as a low risk procedure. The guidelines state that for young patients with low surgical risk, with little or no interference in perioperative management, laboratory tests, besides generating high and unnecessary costs, are not good standardized screening instruments for diseases. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. The history and physical examination is bundled with the surgical procedure and should be performed by the attending physician. If there are comorbidities discovered on physical examination then appropriate consultations may be requested. However, routine preoperative clearance for a low risk surgical procedure is not indicated. As such, the request for preoperative medical clearance is not supported and the medical necessity is not substantiated.

Laboratory Work and EKG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Low back Topic: Preoperative lab testing; Preoperative electrocardiogram

Decision rationale: California MTUS guidelines do not address this topic. ODG guidelines are therefore used. Preoperative electrocardiograms are recommended for patients undergoing high risk surgery and that undergoing intermediate risk surgery who will have additional risk factors such as coronary artery disease, heart failure, cerebrovascular disease, diabetes mellitus or renal insufficiency. The requested surgical procedure is a low risk procedure and EKGs are not indicated for low risk procedures. Preoperative lab testing is recommended only when necessitated by comorbidities. The guidelines indicate that preoperative testing is excessively ordered even for young patients with low risk with little or no interference in perioperative management. The documentation does not indicate any comorbidity that would necessitate preoperative lab testing. As such, the request for preoperative lab testing and preoperative EKG are not supported by guidelines and the medical necessity is not established.

