

Case Number:	CM14-0205141		
Date Assigned:	12/17/2014	Date of Injury:	11/18/2013
Decision Date:	02/06/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/08/2014

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 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:

According to the records made available for review, this is a 46-year-old male with an 11/18/13 date of injury. At the time (10/15/14) of request for authorization for Preoperative electrocardiography and One pre-operative complete blood count, comprehensive metabolic panel, prothrombin and partial thrombin time, there is documentation of subjective (constant severe right knee pain with popping and giving way aggravated by weight-bearing and movements) and objective (tenderness to palpation over the right knee medial joint line, positive McMurray's test on the right, and positive compression/rotation test of the right knee) findings, imaging findings (MRI of the right knee (3/19/14) report revealed tearing of the medial and lateral meniscus and severe tricompartmental chondrosis), current diagnoses (knee osteoarthritis and torn medial and lateral menisci right knee), and treatment to date (medication, injection, and physical therapy). Medical report identifies a request for right knee arthroscopy with partial medial and lateral meniscectomy, preoperative electrocardiography, and pre-operative complete blood count, comprehensive metabolic panel, prothrombin and partial thrombin time. 11/6/14 UR determination identifies certification/authorization of a pending surgery for right knee arthroscopy with partial medial and lateral meniscectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Preoperative electrocardiography: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic Chapter

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

Decision rationale: MTUS does not address this issue. ODG identifies that preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. Within the medical information available for review, there is documentation of diagnoses of knee osteoarthritis and torn medial and lateral menisci right knee. In addition, there is documentation of a request for right knee arthroscopy with partial medial and lateral meniscectomy and preoperative electrocardiography. Furthermore, given certification/authorization of the request for right knee surgery, there is documentation that preoperative electrocardiography can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management. Therefore, based on guidelines and a review of the evidence, the request for preoperative electrocardiography is medically necessary. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur.

One pre-operative complete blood count, comprehensive metabolic panel, prothrombin and partial thrombin time: Overturned

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) Low Back Chapter, Preoperative lab testing

Decision rationale: MTUS does not address this issue. ODG identifies that preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. Within the medical information available for review, there is documentation of diagnoses of knee osteoarthritis and torn medial and lateral menisci right knee. In addition, there is documentation of a request for right knee arthroscopy with partial medial and lateral meniscectomy and preoperative electrocardiography. Furthermore, given certification/authorization of the request for right knee surgery, there is documentation that preoperative laboratory testing can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management. Therefore, based on guidelines and a review of the evidence, the request for one pre-operative complete blood count, comprehensive metabolic panel, prothrombin and partial thrombin time is medically necessary. This review presumes that a

surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur.