

Case Number:	CM14-0206940		
Date Assigned:	12/18/2014	Date of Injury:	10/28/2012
Decision Date:	02/13/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/10/2014

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:

This is a 56-year-old female with a 10/28/2012 date of injury. The exact mechanism of the original injury was not clearly described. A progress report dated 11/18/14 noted subjective complaints of left knee pain. Objective findings included left knee swelling. It is also noted that the patient is 5'3" and 360 pounds. The patient has been approved for arthroscopic surgery for the left knee. Diagnostic Impression: left knee strain/sprain, medical meniscal complex tear. Treatment to Date: medication management, physical therapy. A UR decision dated 11/26/14 denied the request for Pre-Op labs: EKG, CBC, UA, PT, PTT, and BMP. Hypertension is reported as the only co-morbidity and it is not described as being out of control or difficult to control. No other symptoms that are unexplained and might have to do with an underlying as yet undetermined pathology are described in this material. There is no support for documented for the requested labs. It also denied Chest x-ray. There is no description of difficulty breathing or a history of pulmonary problems and there is no clinical exam reporting any kind of chest or pulmonary evaluation. It also denied retro: urine drug screen. There is no history of problems with drug abuse and is not necessary to the treatment of the given diagnosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-Op Labs: EKG, CBC with Diff, UA Complete, PT, PTT with INR, BMP: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape: Pre-Op Testing.
[http://emedicine.medscape.com/article/285191-overview #al](http://emedicine.medscape.com/article/285191-overview#al)

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 - Pre operative EKG and lab testing Other Medical Treatment Guideline or Medical Evidence: ACC/AHA 2007 Guidelines on perioperative cardiovascular evaluation and care for noncardiac surgery.

Decision rationale: CA MTUS does not address this issue. ODG states that pre-op testing can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is 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. Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. The ACC/AHA 2007 Guidelines on perioperative cardiovascular evaluation and care for noncardiac surgery state that in the asymptomatic patient, a more extensive assessment of history and physical examination is warranted in those individuals 50 years of age or older. This patient is over 50 years old, is morbidly obese and is hypertensive. She is also undergoing an intermediate risk orthopedic surgery. More detailed pre-operative testing is therefore indicated. Therefore, the request for Pre-Op labs: EKG, CBC with Diff, UA Complete, PT, PTT with INR, BMP was medically necessary.

Chest X-Ray: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape: Preoperative testing:
[http://emedicine.medscape.com/article/285191-overview #al](http://emedicine.medscape.com/article/285191-overview#al)

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 - Pre operative EKG and lab testing Other Medical Treatment Guideline or Medical Evidence: ACC/AHA 2007 Guidelines on perioperative cardiovascular evaluation and care for noncardiac surgery

Decision rationale: CA MTUS does not address this issue. ODG states that pre-op testing can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Chest radiography is

reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. The ACC/AHA 2007 Guidelines on perioperative cardiovascular evaluation and care for noncardiac surgery state that in the asymptomatic patient, a more extensive assessment of history and physical examination is warranted in those individuals 50 years of age or older. This patient is over 50 years old and morbidly obese. Additionally she is undergoing an intermediate risk surgical procedure. Her comorbidities and age put her at higher risk for pulmonary complications. Therefore, the request for chest x-ray was medically necessary.

Retro: Urine Drug Screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Urine Drug Testing (UDT)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 222-238, Chronic Pain Treatment Guidelines Drug Testing Page(s): 43, 78.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. The patient is noted to be prescribed Hydrocodone. Guidelines recommend random screening for all patients on chronic opioids for chronic pain. Therefore, the request for retro: urine drug screen was medically necessary.