

<b>Case Number:</b>	CM14-0207885		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	06/01/2010
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 53 year old female, who sustained an industrial injury on June 1, 2010. The diagnoses have included left knee chondromalacia, status post left knee arthroscopy on 10/22/2010, with moderate to severe left knee degenerative joint disease, reactive depression and anxiety and compensatory low back component. Treatment to date has included lumbar-sacral orthosis (LSO) brace, TENS unit, toxicology urine screening and pain medication. Currently, the injured worker complains of left knee pain and low back pain. In a progress note dated November 11, 2014, the treating provider reports left knee examination revealed decreased range of motion, tenderness over the medial and lateral joint lines, positive McMurray's medial and lateral and tenderness to the lumbar spine with limited range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre operative Complete Blood Count (CBC), Comprehensive Metabolic Panel (CMP), Urinalysis (UA), INR, MRSA, screening HIV, HEP c screening, Chest X-Ray and Electrocardiogram (EKG) for the left knee: 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) - preoperative electrocardiogram (ECG), low back procedure.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee (Acute & Chronic), Preoperative testing, general.

**Decision rationale:** The Official Disability Guidelines state that preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, and 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. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Although the patient may be a candidate for some or all of the requested pre-operative testing, there is no documentation that the surgery has been authorized. Pre-operative Complete Blood Count (CBC), Comprehensive Metabolic Panel (CMP), Urinalysis (UA), INR, MRSA, screening HIV, HEP c screening, Chest X-Ray and Electrocardiogram (EKG) for the left knee are not medically necessary.