

Case Number:	CM15-0000493		
Date Assigned:	01/12/2015	Date of Injury:	10/16/2013
Decision Date:	03/17/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/02/2015

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: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

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 sixty-one-year old female, who sustained an industrial injury on October 16, 2013. He has reported to have an injury to the right hip, right shoulder, right wrist and hand and her right knee. The diagnoses have included right knee meniscus tear, sleep disturbance, anxiety and depression. Treatment to date has included pain management, physical therapy, ice therapy, rest, surgical intervention and routine monitoring. Currently, the IW complains of constant sharp-throbbing-burning right knee pain, which was rated at rest a seven on a scale of ten. Pain with activity was rated a nine. Pain is increased with walking, standing, running, kneeling, squatting, bending, stairs, sitting, lying, lifting, carrying, pushing, pulling, gripping and grasping. Pain was reported to decrease with physical therapy, medication, rest, ice and lying down. Accompanied symptoms included weakness, swelling, depression, anxiety and insomnia. Physical exam was remarkable for right knee with one plus effusion without erythema with reduced range of motion, normal muscular strength and ambulation with an antalgic gait. Diagnosis at this visit included right knee medial meniscus tear. On December 11, 2014, the Utilization Review decision non-certified pre-operative labs to include complete blood count, comprehensive metabolic panel and an electrocardiogram, noting that there was no pertinent medical history provided that would indicate the need for pre-operative lab and electrocardiogram and this request was therefore non-certified. The ODG, Knee and Leg Indications for Surgery, Meniscectomy was cited. On January 2, 2015, the injured worker submitted an application for IMR for review of pre-operative labs to include complete blood count, comprehensive metabolic panel and an electrocardiogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre op labs: CBC, CMP (htn), EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Section: Low Back, Topic: Preoperative testing, general, Preoperative testing, Electrocardiography, Preoperative testing: Labs

Decision rationale: The injured worker is a 58-year-old female with right knee pain. The MRI scan dated 11/27/2013 documented advanced end-stage degenerative arthropathy involving the medial compartment with full-thickness chondral attrition, reactive marrow edema, marginal osteophytosis and resorptive cystic change. There was a complex unstable tear of the degenerated medial meniscus and mild to moderate chondromalacia involving the lateral compartment and patellofemoral joint. The requested procedure is diagnostic arthroscopy with medial meniscectomy. A total knee arthroplasty is not requested. ODG guidelines do not recommend arthroscopy for osteoarthritis and degenerative tears of the meniscus. The disputed issue pertains to preoperative labs including CBC, comprehensive metabolic panel and electrocardiography. ODG guidelines indicate arthroscopic knee surgery is a low risk procedure. Preoperative electrocardiogram is recommended for patients undergoing high risk surgery and those undergoing intermediate risk surgery who have additional risk factors. Patient's undergoing low risk surgery do not require electrocardiography. The risk factors for intermediate risk surgical procedures include ischemic heart disease, compensated or prior heart failure, cerebrovascular disease, diabetes mellitus, or renal insufficiency. With regard to preoperative lab testing ODG guidelines indicate laboratory tests 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 criteria include electrolyte and creatinine testing in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure, random glucose testing in patients at high risk of undiagnosed diabetes mellitus, A1C testing in patients with known diabetes, complete blood count in patients with diseases that increase the risk of anemia or patients in home significant blood loss is anticipated from the surgery, and coagulation studies for patients with a history of bleeding or medical conditions that predispose them to bleeding or those taking anticoagulants. The available documentation indicates a history of hypertension and use of lisinopril. Therefore electrolyte testing for hyperkalemia, BUN and Creatinine and liver function tests are supported if not routinely done by the prescribing provider. CBC and EKG are not supported but CMP is supported. The request as stated is for CBC, CMP, and EKG and in totality the request is not supported by guidelines and the medical necessity of the total request is not established.