

<b>Case Number:</b>	CM15-0008459		
<b>Date Assigned:</b>	01/23/2015	<b>Date of Injury:</b>	02/05/2008
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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: California, Indiana, New York  
Certification(s)/Specialty: Internal 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 66 year old male, who sustained an industrial injury on February 5, 2008. He has reported rectal pain. The diagnoses have included perirectal fistula, fissure, hemorrhoids and functional outlet obstruction Treatment to date has included laminectomy and hemorrhoidectomy. Currently, the IW complains of change in bowel habits, constipation, hematachezia and anorectal pain. Treatment includes approval for fistulotomy; flexible sigmoidoscopy vs colonoscopy; hemorrhoidectomy. On December 18, 2014 utilization review non-certified a request for chest X-ray and modified labs CBC, Chem 20, urinalysis, PT and PTT. The Institute for Clinical Systems Improvement Preoperative guidelines was utilized in the determination. Application for independent medical review (IMR) is dated December 29, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Labs, CHEM 20 UA, PT, PTT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Physicians-Medical Specialty Society. 2006 Apr 18. 6 pages

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2464262/>

**Decision rationale:** Pursuant to the evidence-based guidelines (see attached link), chemistry panel 20, UA, PT, PTT is not medically necessary. The ultimate goals of preoperative medical assessment are to reduce the patient's surgical and anesthetic perioperative morbidity or mortality, and to return him to desirable functioning as quickly as possible. It is imperative to realize that "perioperative" risk is multifactorial and a function of the preoperative medical condition of the patient, the invasiveness of the surgical procedure and the type of anesthetic administered. A history and physical examination, focusing on risk factors for cardiac and pulmonary complications and a determination of the patient's functional capacity, are essential to any preoperative evaluation. Laboratory investigations should be ordered only when indicated by the patient's medical status, drug therapy, or the nature of the proposed procedure and not on a routine basis. Persons without concomitant medical problems may need little more than a quick medical review. In this case, the injured worker's working diagnoses are perirectal fistula in the posterior midline, likely originating from chronic anal fissure; internal hemorrhoids grade 1 with minimal external component; and third function fecal outlet obstruction. Subjectively, the injured worker presented for rectal bleeding, pain and prolapse. Objectively, there was no tenderness palpation. The anorectal examination showed enlarged hemorrhoids with an anoscope in addition to the primary defect in the posterior midline (a fistula). The injured worker will need a fistulotomy, flexible sigmoidoscopy versus colonoscopy and hemorrhoidectomy. The treating physician requested preoperative laboratory tests. The injured worker does not have any risk factors that warrant a cardiac and pulmonary evaluation. Additionally, the nature of the surgical procedure warrants that a blood count and clotting factors be measured. However, there is no medical indications for chemistries or urine analysis and a chest x-ray on the basis of the available history and physical examination. Consequently, absent clinical documentation support chemistry profile, chest x-ray and urine analysis, chemistry panel 20, UA, PT, PTT is not medically necessary.

**1 Chest x-ray:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement. Preoperative evaluation. Bloomington (MN): 2006 July.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2464262/>

**Decision rationale:** Pursuant to the evidence-based guidelines (see attached link), chest x-ray is not medically necessary. The ultimate goals of preoperative medical assessment are to reduce the patient's surgical and anesthetic perioperative morbidity or mortality, and to return him to desirable functioning as quickly as possible. It is imperative to realize that "perioperative" risk is multifactorial and a function of the preoperative medical condition of the patient, the invasiveness of the surgical procedure and the type of anesthetic administered. A history and

physical examination, focusing on risk factors for cardiac and pulmonary complications and a determination of the patient's functional capacity, are essential to any preoperative evaluation. Laboratory investigations should be ordered only when indicated by the patient's medical status, drug therapy, or the nature of the proposed procedure and not on a routine basis. Persons without concomitant medical problems may need little more than a quick medical review. In this case, the injured worker's working diagnoses are perirectal fistula in the posterior midline, likely originating from chronic anal fissure; internal hemorrhoids grade 1 with minimal external component; and third function fecal outlet obstruction. Subjectively, the injured worker presented for rectal bleeding, pain and prolapse. Objectively, there was no tenderness palpation. The anorectal examination showed enlarged hemorrhoids with an anoscope in addition to the primary defect in the posterior midline (a fistula). The injured worker will need a fistulotomy, flexible sigmoidoscopy versus colonoscopy and hemorrhoidectomy. The treating physician requested preoperative laboratory tests. The injured worker does not have any risk factors that warrant a cardiac and pulmonary evaluation. Additionally, the nature of the surgical procedure warrants that a blood count and clotting factors be measured. However, there is no medical indications for a chest x-ray on the basis of the available history and physical examination. Consequently, absent clinical documentation support a chest x-ray, chest x-ray is not medically necessary.