

Case Number:	CM15-0103818		
Date Assigned:	06/05/2015	Date of Injury:	10/14/2013
Decision Date:	07/07/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/26/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 59-year-old male, who sustained an industrial injury on 10/14/2013. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as ten months status post robotic repair of a large right inguinal hernia with recurrence of the left inguinal hernia and abdominal pain at other site. Treatment and diagnostic studies to date has included above noted procedures and medication regimen. In a progress note dated 05/04/2015 the treating physician reports complaints of progressively worsening right groin pain. The injured worker's pain level is rated a 1 to 2 out of 10. Examination reveals bilateral inguinal bulges with indurations on the right side of the bulge. The treating physician requested an electrocardiogram, a basic metabolic panel, and medical clearance prior to open repair of bilateral inguinal hernias noting that the injured worker has a history of status post coronary artery bypass and hypertension along with recent complaints of chest pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Regarding request for medical clearance, California MTUS and ACOEM do not contain criteria for the use of preoperative testing. ODG states the decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Within the medical information made available for review, there is no indication that the patient's clinical history, comorbidities, and physical examination findings suggest a preoperative evaluation is necessary as the patient apparently underwent preoperative clearance less than a year ago that was negative and no comorbid conditions were noted. In light of the above issues, the currently requested medical clearance is not medically necessary.

Basic Metabolic Panel: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Regarding request for BMP, California MTUS and ACOEM do not contain criteria for the use of preoperative testing. ODG states the preoperative electrolyte and creatinine clearance testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure; pre-operative random glucose testing should be performed in patients at high risk of undiagnosed diabetes mellitus. Within documentation available for review, there is no indication that the patient meets any of these criteria. A preoperative clearance was apparently obtained less than a year ago. It was negative and no comorbid conditions or another clear rationale for repeat testing were identified. In the absence of such documentation, the currently requested BMP is not medically necessary.

EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG), Neck Chapter, Preoperative electrocardiogram (ECG).

Decision rationale: Regarding the request for EKG, California MTUS and ACOEM do not contain criteria for the use of preoperative EKG. ODG states preoperative electrocardiogram is recommended for patients undergoing high-risk surgery and that undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. Within the information made available for review, there is no indication of a high-risk surgery or intermediate-risk surgery with additional risk factors. The patient apparently underwent preoperative testing less than a year ago that was negative and no comorbid conditions or another clear rationale for repeat testing has been presented. In the absence of such documentation, the currently requested EKG is not medically necessary.