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| Case Number: | CM15-0162945 | | |
| Date Assigned: | 08/31/2015 | Date of Injury: | 06/12/2013 |
| Decision Date: | 10/09/2015 | UR Denial Date: | 07/24/2015 |
| Priority: | Standard | Application Received: | 08/19/2015 |

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

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 52 year old female, who sustained an industrial injury on 6-12-2013. Diagnoses include left knee internal derangement and cervical and lumbar radiculitis. Treatment to date has included diagnostics, anti-inflammatories, physical therapy and injections. Per the Orthopedic Examination dated 7-07-2015, the injured worker reported bilateral knee pain as well as neck pain radiating to the bilateral arms and low back pain. She rated her pain as 9 out of 10 on a subjective scale. Physical examination revealed tenderness to palpation over the paraspinal musculature of the cervical and lumbar spine. There was tenderness to palpation over the medial and lateral joint line of the bilateral knees. The plan of care included diagnostics, medications and surgical intervention (left knee arthroscopy) and authorization was requested for laboratory evaluation including PT, PTT, CBC, CMP and TSH.

IMR ISSUES, DECISIONS AND RATIONALES

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

Labs: PT/ PTT: Overturned

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 Testing.

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-Lumbar & Thoracic, under Preoperative Lab Testing.

Decision rationale: The patient was injured on 06/12/13 and presents with bilateral knee pain, low back pain, and neck pain radiating to the bilateral arms. The request is for LABS: PT/ PTT. There is no RFA provided and the patient is on temporary total disability. The report with the request is not provided. ODG Guidelines, Low Back- Lumbar & Thoracic, under Preoperative Lab Testing states that it is "Recommended as indicated below. Preoperative additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in perioperative management. Laboratory tests, besides generating high and unnecessary costs, 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. Preoperative routine tests are appropriate if patients with abnormal tests will have a preoperative modified approach (i.e., new tests ordered, referral to a specialist or surgery postponement). Testing should generally be done to confirm a clinical impression, and tests should affect the course of treatment". (Feely, 2013) (Sousa, 2013) Criteria for Preoperative lab testing: Preoperative urinalysis is recommended for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material. Electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure. Random glucose testing should be performed in patients at high risk of undiagnosed diabetes mellitus. In patients with diagnosed diabetes, A1C testing is recommended only if the result would change perioperative management. A complete blood count is indicated for patients with diseases that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated. Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants. The patient is diagnosed with left knee internal derangement and cervical and lumbar radiculitis. Treatment to date has included diagnostics, anti-inflammatories, physical therapy and injections. The reason for the request is not provided. The 07/07/15 report states that the patient "is already authorized and will be scheduled for surgery" (left knee arthroscopy). As of 07/07/15, the patient is taking Omeprazole and Ultram. In this case, the patient needs pre-operative lab testing prior to his surgery. Given that the patient has already been authorized for his left knee arthroscopy, the request appears reasonable and is within guidelines. Therefore, the request is medically necessary.

Labs: CBC: 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 Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

Decision rationale: The patient was injured on 06/12/13 and presents with bilateral knee pain, low back pain, and neck pain radiating to the bilateral arms. The request is for LABS: CBC. There is no RFA provided and the patient is on temporary total disability. The report with the request is not provided. MTUS, ACOEM, and ODG Guidelines do not specifically discuss routine laboratory testing. However, MTUS Guidelines, NSAIDs specific drug list & adverse effects section, page 70 regarding CBC testing does discuss "periodic lab monitoring of CBC and chemistry profile (including liver and renal function tests)". MTUS states that monitoring of CBC is recommended when patients take NSAIDs. It goes on to state, "There has been a recommendation to measure liver and transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established". The patient is diagnosed with left knee internal derangement and cervical and lumbar radiculitis. Treatment to date has included diagnostics, anti-inflammatories, physical therapy and injections. The reason for the request is not provided. The 07/07/15 report states that the patient "is already authorized and will be scheduled for surgery" (left knee arthroscopy). As of 07/07/15, the patient is taking Omeprazole and Ultram. There is no concern for blood disorder or other issues requiring this laboratory study. The patient is not on any NSAIDs either. The request is not medically necessary.

Labs: CMP: 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 Testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.labtestsonline.org/understanding/analytes/cmp/tab/test/.

Decision rationale: The patient was injured on 06/12/13 and presents with bilateral knee pain, low back pain, and neck pain radiating to the bilateral arms. The request is for LABS: CMP. There is no RFA provided and the patient is on temporary total disability. The report with the request is not provided. MTUS, ACOEM, and ODG Guidelines do not specifically discuss routine laboratory testing. At labtestsonline.org/understanding/analytes/cmp/tab/test/ states, "The comprehensive metabolic panel (CMP) is used as a broad screening tool to evaluate organ function and check for conditions such as diabetes, liver disease, and kidney disease. The CMP may also be ordered to monitor known conditions, such as hypertension, and to monitor people taking specific medications for any kidney- or liver-related side effects. If a health practitioner is interested in following two or more individual CMP components, he or she may order the entire CMP because it offers more information." The patient is diagnosed with left knee internal derangement and cervical and lumbar radiculitis. Treatment to date has included diagnostics, anti-inflammatories, physical therapy and injections. The reason for the request is not provided. The 07/07/15 report states that the patient "is already authorized and will be scheduled for surgery" (left knee arthroscopy). As of 07/07/15, the patient is taking Omeprazole and Ultram. There is no discussion or concern that would require a CMP lab. There are no concerns raised for liver, kidney or such conditions as DM requiring a complete metabolic panel. The request is not medically necessary.

Labs: TSH: Overturned

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 Testing.

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-Lumbar & Thoracic, under Preoperative Lab Testing.

Decision rationale: The patient was injured on 06/12/13 and presents with bilateral knee pain, low back pain, and neck pain radiating to the bilateral arms. The request is for LABS: TSH. There is no RFA provided and the patient is on temporary total disability. The report with the request is not provided. ODG Guidelines, Low Back- Lumbar & Thoracic, under Preoperative Lab Testing states that it is "Recommended as indicated below. Preoperative additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in perioperative management. Laboratory tests, besides generating high and unnecessary costs, 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. Preoperative routine tests are appropriate if patients with abnormal tests will have a preoperative modified approach (i.e., new tests ordered, referral to a specialist or surgery postponement). Testing should generally be done to confirm a clinical impression, and tests should affect the course of treatment". (Feely, 2013) (Sousa, 2013) Criteria for Preoperative lab testing: Preoperative urinalysis is recommended for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material. Electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure. Random glucose testing should be performed in patients at high risk of undiagnosed diabetes mellitus. In patients with diagnosed diabetes, A1C testing is recommended only if the result would change perioperative management. A complete blood count is indicated for patients with diseases that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated. Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants. The patient is diagnosed with left knee internal derangement and cervical and lumbar radiculitis. Treatment to date has included diagnostics, anti-inflammatories, physical therapy and injections. The reason for the request is not provided. The 07/07/15 report states that the patient "is already authorized and will be scheduled for surgery" (left knee arthroscopy). As of 07/07/15, the patient is taking Omeprazole and Ultram. In this case, the patient needs pre-operative lab testing prior to his surgery. Given that the patient has already been authorized for his left knee arthroscopy, the request appears reasonable and is within guidelines. Therefore, the request is medically necessary.