

<b>Case Number:</b>	CM15-0190370		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	05/01/2012
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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 56 year old female, who sustained an industrial injury on 5-1-2012. The medical records indicate that the injured worker is undergoing treatment for lower leg joint pain, medial meniscus tear, and osteoarthritis. According to the progress report dated 8-14-2015, the injured worker presented for follow-up of left knee. She notes that there have been no changes since last visit. The physical examination of the left knee reveals medial joint tenderness and positive McMurray's sign. The current medications are not specified. Previous diagnostic studies include MRI of the left knee. Work status is not indicated. The treatment plan included left knee arthroscopy, which was previously authorized. The original utilization review (9-16-2015) had non-certified a request for pre-operative clearance and pre-operative labs (CBC, CMP, UA, PT, PTT, and EKG).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Office visit for pre-operative clearance:** 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 Official Disability Guidelines (ODG) Low Back Chapter, Preoperative testing, general.

**Decision rationale:** Regarding request for pre op 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. In the absence of such documentation, the currently requested pre op clearance is not medically necessary.

**Pre-operative labs to include complete blood count (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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative lab testing.

**Decision rationale:** Regarding request for complete blood count, California MTUS and ACOEM do not contain criteria for the use of preoperative testing. ODG states the preoperative blood count is recommended for patients with diseases that increase the risk of anemia or patient in whom significant perioperative blood loss is anticipated. Within documentation available for review, there is no indication that the patient meets any of these criteria. In the absence of such documentation, the currently requested complete blood count is not medically necessary.

**Comprehensive metabolic panel (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 Official Disability Guidelines (ODG) Low Back Chapter, Preoperative lab testing.

**Decision rationale:** Regarding request for complete metabolic panel, 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; preoperative 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. In the absence of such documentation, the currently requested complete metabolic panel are not medically necessary.

**Urinalysis:** 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 Official Disability Guidelines (ODG) Low Back Chapter, Preoperative lab testing.

**Decision rationale:** Regarding request for urinalysis, California MTUS and ACOEM do not contain criteria for the use of preoperative testing. ODG states the preoperative urinalysis is recommended for patients undergoing invasive urological procedures and those undergoing implantation of foreign material. Within documentation available for review, there is no indication that the patient meets any of these criteria. In the absence of such documentation, the currently requested pre-op urinalysis is not medically necessary.

**Prothrombin/partial thromboplastin time (PT/PTT):** 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 Official Disability Guidelines (ODG) Low Back Chapter, Preoperative lab testing.

**Decision rationale:** Regarding request for prothrombin/partial thromboplastin time, California MTUS and ACOEM do not contain criteria for the use of preoperative testing. ODG states the preoperative coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding for those taking anticoagulants. Within documentation available for review, there is no indication that the patient meets any of these criteria. In the absence of such documentation, the currently requested prothrombin/partial thromboplastin time are not medically necessary.

**Electrocardiogram (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 (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 & Neck Chapters, 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. In the absence of such documentation, the currently requested EKG is not medically necessary.