

Case Number:	CM15-0196060		
Date Assigned:	10/09/2015	Date of Injury:	02/14/2007
Decision Date:	11/18/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/06/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 49 year old, female who sustained a work related injury on 2-14-07. A review of the medical records shows she is being treated for mid and low back and right knee pain. Current medications include Amitriptyline. In the progress notes, she reports constant pain in right knee and low back. In the objective findings dated 9-10-15, she has no medical conditions or other findings that would warrant the need for the lab work requested to be done. No notation of working status. The treatment plan includes requests for a right lumbar sympathetic nerve block and to follow up in 4 weeks. The Request for Authorization dated 9-11-15 has requests for a right lumbar spine sympathetic nerve block and for pre-op labs of a PT and a PTT. In the Utilization Review dated 9-21-15, the requested treatments of preoperative PT and PTT are not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Preop lab: PT/PTT (prothrombin time): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.brighamandwomens.org/gms/medical/preopprotocols>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 76 and Other Medical Treatment Guidelines Preoperative Testing Before Noncardiac Surgery: Guidelines and Recommendations-MOLLY A. FEELY, MD; C. SCOTT COLLINS, MD; PAUL R. DANIELS, MD; ESAYAS B. KEBEDE, MD; AMINAH JATOI, MD; and KAREN F. MAUCK, MD, MSc, Mayo Clinic, Rochester, Minnesota -Am Fam Physician. 2013 Mar 15;87(6):414-418.

Decision rationale: The MTUS and ACOEM guidelines do not comment on pre-operative labs. According to the ODG guidelines, 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. According to the American Academy of Family Physicians, pre-op labs are recommended for high-risk surgeries in high-risk patients. The claimant will be undergoing a sympathetic nerve block. This is not a high risk surgery. The claimant is not on medication that would alter bleeding time. The request for PT/PTT is not medically necessary.