

Case Number:	CM15-0198362		
Date Assigned:	10/13/2015	Date of Injury:	10/06/2014
Decision Date:	12/16/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/08/2015

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: Emergency 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 23-year-old male, with a reported date of injury of 10-06-2014. The diagnoses include right ankle joint instability, right ankle pain, right ankle tendonitis, and right ankle sprain. Treatments and evaluation to date have included right ankle arthroscopy with posterior process talus excision, Norco, Tramadol, and physical therapy. The diagnostic studies to date have included an MRI of the right ankle on 11-13-2014 which showed subtalar ligament sprain, and some posterior ankle impingement at the os trigonum interface with the posterior trigonal process of the talus; and x-rays of the right ankle on 10-07-2014 which showed soft tissue swelling and no fracture. The progress report dated 09-10-2015 indicates that the injured worker had right ankle pain. The pain was described as aching and sharp. It was noted that the injured worker underwent a right ankle arthroscopy, but still had symptoms of pain and instability in the Achilles, deep posterior ankle, and anterior lateral ankle area. The physical examination showed mild swelling, tenderness of the right ankle, increased Talar tilt and subtalar tilt, right dorsiflexion at 20 degrees, right plantar flexion at 50 degrees, right ankle eversion at 15 degrees, right ankle inversion at 35 degrees, and normal neurovascular lower extremity examination. The treatment plan included pre-operative tests. The injured worker has been instructed to remain off work until 12-01-2015. The medical report dated 08-11-2015 indicates that the injured worker rated his right ankle pain 7-8 out of 10. The request for authorization was dated 09-10-2015. The treating physician requested BMP (basic metabolic panel), CBC (complete blood count) with differential, PT (prothrombin time), PTT (partial thromboplastin time), and UA (urinalysis) with micro. On 09-21-2015, Utilization Review (UR) non-certified the request for BMP (basic metabolic panel), CBC (complete blood count) with differential, PT (prothrombin time), PTT (partial thromboplastin time), and UA (urinalysis) with micro.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-Operative BMP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC.

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/Preoperative lab testing.

Decision rationale: The request is for lab testing. The Official Disability Guidelines state the following regarding this topic: 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. In this case, lab testing is not indicated. This is secondary to poor documentation of qualifying criteria as listed above. As such, the request is not medically necessary.

Pre-Operative CBC with Differential: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC.

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/Preoperative lab testing.

Decision rationale: The request is for lab testing. The Official Disability Guidelines state the following regarding this topic: 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. In this case, lab testing is not indicated. This is secondary to poor documentation of qualifying criteria as listed above. As such, the request is not medically necessary.

Pre-Operative PT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC.

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/Preoperative lab testing.

Decision rationale: The request is for lab testing. The Official Disability Guidelines state the following regarding this topic: 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. In this case, lab testing is not indicated. This is secondary to poor documentation of qualifying criteria as listed above. As such, the request is not medically necessary.

Pre-Operative PTT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC.

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/Preoperative lab testing.

Decision rationale: The request is for lab testing. The Official Disability Guidelines state the following regarding this topic: 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. In this case, lab testing is not indicated. This is secondary to poor documentation of qualifying criteria as listed above. As such, the request is not medically necessary.

Pre-Operative Urinalysis with Micro: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC.

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/Preoperative lab testing.

Decision rationale: The request is for lab testing. The Official Disability Guidelines state the following regarding this topic: 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. In this case, lab testing is not indicated. This is secondary to poor documentation of qualifying criteria as listed above. As such, the request is not medically necessary.