

<b>Case Number:</b>	CM15-0204989		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	03/19/2014
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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: Minnesota, Florida

Certification(s)/Specialty: Orthopedic Surgery

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 50 year old female who sustained an industrial injury on 3-19-2014. A review of the medical records indicates that the injured worker is undergoing treatment for right medial and lateral meniscal tear, right knee chondromalacia, right ankle sprain-strain, lumbosacral spine sprain-strain and left knee sprain-strain. According to the progress report dated 9-17-2015, the injured worker complained of knee pain. She was seen for a pre-operative visit. The current progress report did not include a physical exam. Per the treating physician (9-17-2015), the injured worker was temporarily totally disabled. The physician noted (9-17-2015) that urinalysis showed blood and squamous epithelial cells. Treatment has included physical therapy and medication. Current medications (9-17-2015) included Ibuprofen and Metformin. The original Utilization Review (UR) (10-6-2015) denied requests for pre-operative urinalysis with reflex to micro, chest x-ray and electrocardiogram.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-operative urinalysis with reflex to micro:** 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); Low Back (updated 9/2215), online version, preoperative lab testing, criteria for lab testing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Low back, Topic: Preoperative lab testing.

**Decision rationale:** ODG guidelines do not recommend a preoperative urinalysis unless the patient is undergoing invasive urologic procedures and those undergoing implantation of foreign material. The documentation does not indicate these conditions. As such, a preoperative urinalysis is not recommended by evidence-based guidelines and the request is not medically necessary.

**Pre-operative Chest X-ray:** 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); Low Back (updated 9/2215), online version, preoperative testing general.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Low back, Topic: Preoperative testing, general.

**Decision rationale:** With regard to a preoperative chest x-ray, ODG guidelines indicate that chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. In this case, the injured worker is undergoing arthroscopic surgery and there is no significant risk of postoperative pulmonary complications. As such, a preoperative chest x-ray is not recommended by guidelines and the request is not medically necessary.

**Pre-operative 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); Low Back (updated 9/2215), online version, preoperative testing general, electrocardiogram (ECG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Low back, Topic: Preoperative electrocardiogram.

**Decision rationale:** With regard to a preoperative EKG, ODG guidelines indicate that arthroscopic surgery is a low risk surgical procedure. EKGs are not indicated for low risk procedures. As such, the request for an EKG is not supported and the request is not medically necessary.