

<b>Case Number:</b>	CM15-0026934		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	07/01/2013
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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: Illinois, California, Texas  
 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:

The injured worker was a 47-year-old female who sustained an industrial injury on 7/1/13. Injury occurred when she was walking upstairs, and felt and heard a pop in her left knee and could barely walk forward. The injured worker denied any significant past medical history. She underwent arthroscopic partial medial meniscectomy of the left knee on 10/15/13. The 7/1/14 left knee MRI impression documented a small medial meniscus tear, complex lateral meniscus tear, chondromalacia patella, chondromalacia of the cartilage in the medial and lateral compartments, and subchondral marrow edema along the lateral tibial plateau. The 1/6/15 treating physician report cited persistent left knee pain with swelling and giving way. The patient was using crutches due to worsening pain. The treatment plan recommended a left knee arthroscopy with meniscectomy and chondroplasty. On 2/4/15, utilization review certified a request for left knee arthroscopy with meniscectomy and chondroplasty. Utilization review also certified a request for pre-op clearance, complete blood count, basic metabolic panel, and EKG. The request for pre-operative renal function panel, PT (prothrombin time), and PTT (partial thromboplastin time) was denied as the records did not reflect risk factors or extenuating circumstances to support further labs beyond those certified.. The denial was based on the MTUS/ACOEM and ODG guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-operative renal function panel, 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)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38

**Decision rationale:** The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that most laboratory tests are not necessary for routine procedures unless a specific indication is present. Indications for such testing should be documented and based on medical records, patient interview, physical examination, and type and invasiveness of the planned procedure. The 2/4/15 utilization review certified a request for pre-op clearance, complete blood count, basic metabolic panel, and EKG based on a standard risk stratification. The requests for renal function panel and PT/PTT were denied based on no documentation of risk factors or extenuating circumstances to support the medical necessity. There is no documentation of a history of bleeding, medical conditions that predispose this patient to bleeding, or use of anticoagulants to support the medically necessary of coagulation studies. A basic metabolic panel provides assessment of kidney function, the rationale for ordering additional renal function testing is not documented. There is no compelling reason presented to support the medical necessity of additional pre-operative testing beyond what has been certified. Therefore, this request is not medically necessary.