

Case Number:	CM15-0038097		
Date Assigned:	03/06/2015	Date of Injury:	07/29/2014
Decision Date:	04/17/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/27/2015

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:

The injured worker is a 54-year-old male who sustained a work related injury July 29, 2014, after repetitively throwing heavy bags into a dumpster and developing right knee pain. He was initially treated with Motrin and physical therapy. An MRI dated 9/26/2014 (report present in medical record), revealed medial and lateral meniscus tears and a large joint effusion. According to an orthopedic consultation dated January 22, 2015, the injured worker presented complaining of anteromedial and parapatellar knee pain and swelling, aggravated by twisting, turning, squatting and walking. Physical examination reveals right knee; small effusion, 4/5 quadriceps strength, range of motion 0-120 degrees, tenderness at the medial and lateral patellar facets and patellar compression test is positive. There is medial greater than joint line tenderness, McMurray's test is positive and the knee is stable to all stress. Diagnoses are documented as right medial and possible lateral meniscus tear; right patellofemoral pain syndrome and obesity. Treatment plan included review of x-rays, which showed medial compartment narrowing, review of MRI scan showing medial and lateral meniscal tears, and review of the surgical treatment with injured worker and consent to proceed with surgery pending authorization. The arthroscopic surgery has been certified. The disputed requests pertain to pre-operative EKG, CBC, and Comprehensive Metabolic Panel (CMP) that were non-certified by UR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Complete blood count (CBC)/ Complex 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) Low Back (updated 01/30/15).

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

Decision rationale: With regard to the request for a CBC, ODG guidelines indicate a complete blood count is indicated for patients with diseases that increase the risk of anemia or patients in whom significant preoperative blood loss is anticipated. The documentation provided indicates that the injured worker is in good health. The procedure to be performed is not associated with significant blood loss. As such, the medical necessity of the request for a CBC is not supported by guidelines. With regard to the request for a comprehensive metabolic panel (CMP), the ODG guidelines indicate that 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. 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 preoperative management. The documentation provided indicates none of the above conditions are present. As such, the request for a comprehensive metabolic panel is not supported by guidelines and the medical necessity of the request is not established.

Electrocardiogram (EKG): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Low Back (updated 01/30/15).

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: The ODG criteria for preoperative electrocardiogram include high-risk surgical procedures and intermediate risk surgical procedures with additional risk factors. Patients undergoing low risk surgery do not require echocardiography. Patients with signs and symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Preoperative EKGs in patients without known risk factors for coronary disease, regardless of age, may not be necessary. Preoperative and postoperative resting 12-lead EKGs are not indicated in asymptomatic persons undergoing low risk surgical procedures. The low risk procedures include arthroscopy of the knee. As such, the guidelines do

not recommend routine EKGs. In light of the above, the request for a preoperative EKG is not supported by guidelines and as such, the medical necessity of the request has not been substantiated.