MAXIMUS Federal Services

Case Number:	CM15-0062158		
Date Assigned:	04/08/2015	Date of Injury:	10/20/2008
Decision Date:	05/07/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/01/2015

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: Texas, Florida, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 44-year-old male who sustained an industrial injury on 10/20/08. The injured worker reported symptoms in the back and right ankle. The injured worker was diagnosed as having lumbar myoligamentous injury with bilateral lower extremity radicular symptoms, right knee arthroscopy on 4/29/13 with residuals, right ankle internal derangement status post-surgery, and medication induced gastritis. Treatments to date have included injections, status post right knee arthroscopic surgery, oral pain medication, oral analgesics, and physical therapy. Currently, the injured worker complains of pain in the lower back and right ankle. The plan of care was for medical clearance and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical clearance (CBC, CMP, PT/PTT, HEP Panel, U/A, EKG, 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, Low Back Chapter, Preoperative electrocardiogram (ECG), Pre-op Lab Testing, Preoperative testing, general.

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, under Pre-operative Testing.

Decision rationale: The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG notes in the low back section: Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. In this case, the orthopedic AME from 2-26-14 noted the claimant was not a surgical candidate. Further, the claimant is 44, and no apparent elevated risk stratification is noted to require preoperative testing. The injury was 7 years ago, and the type of surgery is not mentioned. This is important to know, because pre-operative testing is also dependent on the seriousness of the surgery. The request is not medically necessary.