

Case Number:	CM15-0082689		
Date Assigned:	05/05/2015	Date of Injury:	08/12/2014
Decision Date:	06/17/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	04/30/2015

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, California

Certification(s)/Specialty: Family Practice

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 52 year old male with an industrial injury dated 8/12/2014. The injured worker's diagnoses include right closed comminuted intra articular calcaneus fracture status post open reduction internal fixation (ORIF) on 9/9/14 and right subtalar post traumatic arthritis. Treatment consisted of diagnostic studies, prescribed medications, physical therapy and periodic follow up visits. In a progress note dated 4/15/2015, the injured worker reported right foot pain following ORIF surgery of calcaneus. Objective findings revealed no palpable motion across the subtalar joint and mild tenderness over the hardware on the lateral aspect of the right heel. The patient had received subtalar injection. Treatment plan consisted of removal of the hardware and associated pre and post-operative services. The treating physician prescribed services for preoperative EKG, LABS, UA with reflex to Culture, Basic Metabolic Panel, and Hemoglobin A1C for the right foot now under review. The patient sustained the injury due to a fall. The patient has had calcaneal fracture. The patient has had X-ray on 11/3/14 that revealed intact hardware without loosening and healed fracture. Patient has received an unspecified number of PT visits for this injury. The patient had received immobilization for this injury. Whether patient was certified for removal of the hardware or not was not specified in the records provided. The current medication list was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Preoperative EKG, LABS, UA with reflex to Culture, Basic Metabolic Panel, Hemoglobin A1C, body part: right foot: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Per operative 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 (updated 05/15/15) Preoperative electrocardiogram (ECG) Low Back (updated 05/15/15) Preoperative lab testing.

Decision rationale: Preoperative EKG, LABS, UA with reflex to Culture, Basic Metabolic Panel, Hemoglobin A1C, body part ACOEM/MTUS guideline does not specifically address this issue. Hence ODG used. As per cited guideline for Preoperative electrocardiogram (ECG) "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. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Preoperative ECGs in patients without known risk factors for coronary disease, regardless of age, may not be necessary. Preoperative and postoperative resting 12-lead ECGs are not indicated in asymptomatic persons undergoing low-risk surgical procedures. Low risk procedures (with reported cardiac risk generally less than 1%) include endoscopic procedures; superficial procedures; cataract surgery; breast surgery; & ambulatory surgery." "Whether patient was certified for removal of the hardware or not was not specified in the records provided. It is unclear from the medical records if this pt will be undergoing surgery for sure or not. The cited guideline recommend EKG for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors and Patients undergoing low-risk surgery do not require electrocardiography. Any evidence of signs or symptoms of active cardiovascular disease was not specified in the records provided. Any evidence of high-risk surgery or evidence of additional cardiovascular risk factors was not specified in the records provided. As per cited guidelines for Preoperative lab testing, "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." Detailed evidence of chronic disease and that the patient is taking medications that predispose to electrolyte abnormalities or renal failure was not specified in the records provided. Evidence of increased risk of anemia or significant perioperative blood loss was not specified in the records provided. A history of bleeding or medical conditions that predispose to bleeding, and history of

taking anticoagulants was not specified in the records provided. The medical necessity of the request for Preoperative EKG, LABS, UA with reflex to Culture, Basic Metabolic Panel, Hemoglobin A1C, body part is not fully established in this patient and is not medically necessary.