

<b>Case Number:</b>	CM14-0124812		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	03/18/2013
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant is a 41-year-old gentleman who sustained an injury to the left foot and ankle on 03/25/13. The records provided for review documented that the claimant has failed considerable conservative care. As of the clinical assessment dated 04/02/14, the claimant continued to have foot pain. The diagnosis was plantar fasciitis, calcaneal spurring and Achilles tendinosis. The treating physician recommended calcaneal spur removal and debridement of the Achilles tendon. The medical records do not identify any underlying comorbidities, significant past medical history or current medication usage. This review is for multiple perioperative requests in this otherwise healthy 41-year-old individual.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urinalysis:** 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) Treatment Index 11th Edition (web) 2013, Low Back Chapter, Pre Operative Testing, General

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Chapter 7 Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** California ACOEM Guidelines do not support the request for a urinalysis. The medical records provided for review do not contain any documentation of an underlying medical history that would require a urinalysis in this otherwise healthy 41-year-old individual undergoing foot surgery. Without evidence of clinical indication or underlying medical issues that would support a urinalysis in the preoperative setting, the request in this case would not be indicated.

**Pre Operative Blood Work (Complete Blood Count, Comprehensive Metabolic Panel, Prothrombin Time/Partial Thromboplastin Time): 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) Treatment Index 11th Edition (web) 2013, Low Back Chapter, Pre Operative Testing, General

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Chapter 7 Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** California ACOEM Guidelines do not support the request for preoperative blood work to include a cbc, comprehensive metabolic panel, and PT/PTT times. The medical records do not identify any underlying comorbidities or medical history in this otherwise healthy 41-year-old individual. There is no indication of a medical issue with coagulopathy. Without the above, there would be no direct clinical indication for the role of preoperative assessment to include the laboratory testing in question.

**Electrocardiogram: 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) Treatment Index 11th Edition (web) 2013, Low Back Chapter, Pre Operative Testing, General

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** California ACOEM Guidelines do not support the request for an electrocardiogram. The medical records do not identify any cardiac history or diagnosis for this claimant that would require preoperative assessment with an electrocardiogram. This is an otherwise healthy 41-year-old individual with no past medical history, underlying comorbidities, or current medication use. The request in this case would not be supported.