

Case Number:	CM14-0142988		
Date Assigned:	09/10/2014	Date of Injury:	02/28/2014
Decision Date:	10/10/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	09/03/2014

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 Texas. 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 injured worker is a 62-year-old male who reported an injury on 02/28/2014. The mechanism of injury was not provided. On 08/05/2014, the injured worker presented with pain and swelling in the right knee. Upon exam, there was large effusion to the right knee with decreased range of motion. The diagnoses were tearing of the medial meniscus of the right knee status post knee arthroscopy on 08/17/2014. The provider recommended a prospective request of a urinalysis between 08/04/2014 and 09/18/2014 and prospective request for electrocardiography and chest x-ray between 08/04/2014 and 09/18/2014. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 Urinalysis between 8/4/2014 and 9/18/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (web), 2014, Low Back Chapter, Pulmonary Chapter, Preoperative lab testing, Preoperative electrocardiogram (ECG), Radiography (x-rays)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Test Page(s): 43..

Decision rationale: The request for a urinalysis between 08/04/2014 and 09/18/2014 is not medically necessary. The California MTUS Guidelines recommend a urine drug test as an option to assess for the use or presence of illegal drugs. It may be also used in conjunction with a therapeutic trial of opioids for ongoing management and as a screening for risks of misuse and addiction. The documentation provided did not indicate the injured worker displayed any aberrant behaviors, drug seeking behavior, or whether the injured worker was suspected of illegal drug use. It is unclear when the last urine drug screen was performed and there was no evidence of opioid use. As such, medical necessity has not been established; therefore, the request is not medically necessary.

Prospective request for 1 Electrocardiography and Chest X-ray between 8/4/2014 and 9/18/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (web), 2014, Low Back Chapter, Pulmonary Chapter, Preoperative lab testing, Preoperative electrocardiogram (ECG), Radiography (x-rays)

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, Pre Op, General.

Decision rationale: The Official Disability Guidelines state preoperative testing is often performed for 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 testing should be guided by the injured worker's clinical history, comorbidities, and physical examination findings. Injured workers with signs and symptoms of active cardiovascular disease should be evaluated with appropriate testing regardless of their preoperative status. An alternative to preoperative testing for the purposes of determining fitness for anesthesia and identifying injured workers with high risk for postoperative complications is through history and physical examination, with selective testing based on clinician's findings. The included medical documentation lacked evidence of physical exam findings and clinical history that would be indicative of a high surgical risk for the injured worker. As such, medical necessity has not been established; therefore, the request for Prospective request for 1 Electrocardiography and Chest X-ray between 8/4/2014 and 9/18/2014 is not medically necessary.