

<b>Case Number:</b>	CM14-0143692		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	07/01/2010
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 52-year-old female with a 7/1/10 date of injury. A specific mechanism of injury was not described. According to a progress report dated 7/30/14, the patient was approximately 9 months status post ACL reconstruction and has had a total of 6 knee operations. She complained of pain and instability in the knee. Objective findings: lateral tenderness medial joint line, posterior and anterior right knee instability. Diagnostic impression: ACL tear chronic, status post ACL reconstruction, synovitis, and exostosis of unspecified site. Treatment to date: medication management, activity modification, physical therapy, numerous knee surgeries. A UR decision dated 8/12/14 denied the request for Type and Cross blood work/Medical Clearance. As surgical intervention is not deemed necessary, preoperative medical clearance is also not necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Type & Cross Blood Work / Medical Clearance (To Include Esr, C-Reactive To R/O Infection):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 - Lumbar and Thoracic Chapter

**Decision rationale:** CA MTUS does not address this issue. ODG states that pre-op testing 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. It is noted that this request is for pre-operative blood work to rule out infection prior to proceeding with surgery. However, the UR review non-certified the request for total knee replacement surgery. As a result, since the initial operative request was not found to be medically necessary, the associated perioperative request cannot be substantiated. Therefore, the request for Type & Cross Blood Work/Medical Clearance (To include Esr, C-Reactive to R/O Infection) was not medically necessary.