

Case Number:	CM14-0157049		
Date Assigned:	09/30/2014	Date of Injury:	10/28/2008
Decision Date:	10/28/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/25/2014

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:

This 52-year-old male salesman sustained an industrial injury on 10/28/08. Injury occurred when he fell from his truck sustaining 4 broken ribs, a pneumothorax requiring chest tubes, concussion, and injuries to the right shoulder and wrist. Past medical history was positive for hypertension and obesity. Initial conservative treatment for the ankle included medications, ankle bracing, and physical therapy without relief. The 5/13/14 right ankle x-rays showed anatomical alignment and slight irregularities of the at the tip of the lateral malleolus. The 6/24/14 right ankle MRI impression documented a chronic grade 3 tear and reabsorption of the anterior talofibular ligament. There was chronic thickening and scarring of the anterior tibiofibular ligament consistent with a grade 1 sprain. There was mild soft tissue edema surrounding the calcaneofibular ligament consistent with a grade 1 sprain. Records indicated there was residual laxity of the lateral ligament and distal tibiofibular ligament. There was instability and weakness. A request for right ankle repair of the lateral ligament with repair/reconstruction of the peroneal tendon, subluxation of the peroneal with fibular osteotomy, and repair of the anterior syndesmotoc ligament was submitted. The 9/4/14 surgeon letter noted that the patient had undergone lipoma and neuroma surgery in the left distal forearm and was recovering. The right ankle surgery had been authorized but was deferred until November to allow for recovery from his forearm surgery. The 9/15/14 utilization review denied requests for complete blood count, electrolyte panel, urinalysis, and EKG as surgery was not deemed appropriate and necessary. Records indicated that a complete blood count, chemistry studies, urinalysis, and EKG were performed on 7/11/14 prior to the recent surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Complete Blood Count: 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), Low Back, Preoperative Testing

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that most laboratory tests are not necessary for routine procedures unless a specific indication is present. Indications for such testing should be documented and based on medical records, patient interview, physical examination, and type and invasiveness of the planned procedure. Guidelines criteria have not been met. Records document that this testing was performed on 7/11/14 prior to another surgical procedure. The associated surgery has been deferred. Therefore, this request is not medically necessary.

Electrolyte Panel: 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), Low Back, Preoperative Testing

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38

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Electrocardiography: 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), Low Back, Preoperative Testing

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines state that an EKG may be indicated for patients with known cardiovascular risk factors or for patients with risk factors identified in the course of a pre-anesthesia evaluation. Guideline criteria have not been met. An EKG was performed on 7/11/14 prior to another surgical procedure. The associated surgery has been deferred. Therefore, this request is not medically necessary.

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), Low Back, Preoperative Testing

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38

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