

Case Number:	CM14-0096336		
Date Assigned:	09/22/2014	Date of Injury:	10/28/2008
Decision Date:	10/22/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	06/24/2014

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 Internal Medicine 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 patient is a 52 year old male who suffered his injury on 10/28/14 and was diagnosed with lumbar pain, disc displacement, lumbar radiculopathy, and insomnia. His medications on 5/20/14 were listed as Norco, Tizanidine, Prilosec, Anaprox, Neurontin, and Restoril. On 6/4/14 it was noted that the patient had a left forearm mass which was a lipoma. It was noted that this mass was 3.5 cm.by 5cm.and was increasing in size and causing much discomfort and pain. A request was submitted for authorization for complete excision of this mass. Pre-op work up requested was CBC, UA, Lytes, PT, PTT, and EKG. However, the request for the pre-op laboratory work up and EKG were denied by the UR committee.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 pre-operative laboratory works and diagnostic testing (CBC, UA, Electrolyte, PT, PTT and EKG between 06/18/2014 and 08/17/2014): 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 for Workers' Compensation, Online Edition, Chapter: Low Back - Lumbar & Thoracic - Pre-Operative Testing, General.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up to date, the authoritative on line medical reference

with the article Preoperative medical evaluation of the healthy patients written by Gerald W Smetana M.D.

Decision rationale: Insert Rationale Up to date states that the overall risk of surgery in the medically healthy patient is low and that pre-op tests often result in false positive results which can cause unnecessary delay in surgery. It states that pre-op tests should not be done unless there is a clear indication. Simple questionnaires are useful to screen for such factors as age, exercise capacity, ETOH abuse or drug abuse, medications, obesity, OSA, and personal or family history of problems with anesthesia. Also it is shown that routine lab has not been shown to improve surgery outcome among healthy patients and have poor predictive value and increases medical legal risks due to lack of follow-up of abnormal tests. Specifically, it is recommended that hemoglobin be obtained if the patient is older than 65 or if the surgery is considered major with the risk of excessive blood loss. The article also states that a serum creatinine greater than 2.0 is associated with an increase in perioperative heart problems. Therefore, it is recommended that if the patient is greater than 50 years old and is undergoing either intermediate or high risk surgery that a serum creatinine be done. Also, younger patients with suspected renal disease should have this test if intraoperative hypotension is expected or nephrotoxic drugs are to be used. The article further states that lytes, BS, LFT's, UA, and tests for hemostasis should not be done in healthy people. Lastly, it is stated that EKG should not be done for an asymptomatic patient undergoing low risk surgery. It further states that EKG should be done in patients undergoing vascular surgery, intermediate risk surgery in which the patient has preexisting cardiovascular disease, or in intermediate risk surgery in which the patient is very obese and has at least one additional cardiac risk factor. We note that the above patient is to have a low risk procedure with the removal of a lipoma and that there should be no compromise of cardiac or pulmonary function and little risk of excessive bleeding. We also note that the patient is not on any medication and has no history of medical problems which would indicate he is at risk for complications, electrolyte imbalance or excessive bleeding or bladder infection. Also, there is no mention of any cardiac problem which would necessitate the use of EKG testing. Therefore, the UR committee was justified in the denial of this testing to be done preoperatively.