

Case Number:	CM14-0196038		
Date Assigned:	12/04/2014	Date of Injury:	06/13/2012
Decision Date:	01/28/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	11/24/2014

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 Orthopedic Surgery and is licensed to practice in Minnesota. 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. His date of injury is 6/13/2012. He underwent a reverse total shoulder arthroplasty on 11/18/2014. The disputed issues pertain to a request for preoperative laboratory studies including pro time and partial thromboplastin time, chemistry panel, chest x-ray, urinalysis, and a history and physical examination. This was noncertified by utilization review. The rationale used indicated absence of any history of coagulation abnormalities to suggest PT/PTT. A prior metabolic panel had been authorized and therefore the additional request was not warranted. The chest x-ray was not supported by the Institute for Clinical Systems Improvement guidelines, given the lack of evidence of a history of chronic cardiopulmonary disease. Dipstick urine testing was not recommended in asymptomatic individuals. The preoperative history and physical could be provided by the surgeon as a component of the surgical service and no separate authorization was required. Documentation from a preoperative visit of 11/15/2014 indicates benign essential hypertension, type 2 diabetes, history of taking opioids and naproxen.. The blood pressure was 166/86. There was a history of smoking half pack of cigarettes a day. The blood sugar was 326. A preoperative medical evaluation was performed and he was considered at low to moderate risk for surgical procedures. Hospital visit of 11/18/2014 indicates a past medical history of diabetes and hypertension. There was also a history of smoking tobacco. Medications included naproxen, tramadol and Norco. Auscultation of the lungs revealed crackles at the bases bilaterally. EKG demonstrated sinus rhythm. Chest x-ray was negative for an acute process. At the time of the postoperative visit of 11/18/2014 the plan was to start him on a sliding scale of insulin and control the blood pressure, start DVT and GI prophylaxis, start incentive spirometry, start bronchodilator protocol, IV fluids, monitor hemoglobin and hematocrit and get a physical therapy evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PT/PTT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for clinical systems improvement-Preoperative evaluation

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Low back, Topic: Preoperative lab testing, coagulation studies.

Decision rationale: California MTUS guidelines do not address this issue. Official Disability Guidelines (ODG) guidelines were therefore used. The preoperative lab testing guidelines indicate coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants. Based upon the above, in the absence of a history of bleeding or medical conditions that predispose to bleeding and in the absence of anticoagulant therapy the prothrombin time and PTT were not supported by guidelines and as such, were not medically necessary.

1 Chem panel: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institute for clinical excellence

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Low back, Topic: Preoperative lab testing.

Decision rationale: California MTUS guidelines do not address this issue. Official Disability Guidelines (ODG) guidelines were therefore used. The guidelines state that the decision for ordering preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. The patient has a history of hypertension and diabetes. Therefore the chem 1 panel is supported by guidelines and as such was medically necessary.

1 Chest X-ray: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Low back, Topic: Preoperative testing, general.

Decision rationale: California MTUS guidelines do not address this issue. Official Disability Guidelines (ODG) guidelines are therefore used. Preoperative chest x-ray is reasonable for patients at risk of postoperative pulmonary complications if the results will change perioperative management. The patient had a history of smoking. He was undergoing an intermediate risk surgical procedure. There is an incidence of deep vein thrombosis with this procedure. Based upon the above a preoperative chest x-ray was supported by guidelines and as such was medically necessary.

1 Urinalysis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The national guidelines clearinghouse

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Low back, topic: Preoperative lab testing.

Decision rationale: ODG guidelines indicate the decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. There was no urologic procedure done. Catheterization was not necessary. The preoperative testing requested was a routine urinalysis and not a drug screen. Based upon guidelines the medical necessity of this request is therefore not established.

1 History and physical exam: Overturned

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) Section: Low back, Diabetes. Topic: Section: Low back, Preoperative testing; general, preoperative electrocardiogram, Section: Diabetes, office visits.

Decision rationale: Official Disability Guidelines (ODG) guidelines indicate necessity for preoperative evaluation in the presence of comorbidities. The history indicates the presence of diabetes and hypertension. There was also a history of smoking. The surgical procedure is classified as intermediate risk per ODG guidelines. In light of the additional risk factors of cardiovascular disease, diabetes, age, and the history of smoking, a preoperative medical clearance would be appropriate and supported by guidelines. ODG guidelines encourage office visits to the offices of medical doctors. The need is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. In light of the presence of comorbidities, it was a judgment of the treating physician to request an internal medicine visit to evaluate the surgical risk, given the presence of diabetes and hypertension as well as the history of smoking. Therefore the request for the preoperative history and physical was appropriate and medically necessary.