

<b>Case Number:</b>	CM14-0219166		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	05/13/2011
<b>Decision Date:</b>	03/09/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 patient with a date of injury of May 13, 2011. A utilization review determination dated December 19, 2014 recommends noncertification of preoperative medical clearance due to lack of documentation that the requested surgery is necessary. A report dated September 10, 2014 identifies that the patient is undergoing preoperative clearance for left knee surgery. Medical history includes asthma, hypothyroidism, anemia, and insomnia. The patient is 54 years old. Objective examination findings are normal. Diagnoses include tenosynovitis and pain in the leg. The plan recommends EKG, urinalysis, chest x-ray, and labs including CBC, CMP, PT, and PTT. The note states that EKG and chest x-rays are indicated for patients over 40 and 50 years of age respectively and lab work is done for all patients. An operative report indicates that the patient underwent surgery on September 16, 2014. A progress report dated December 4, 2014 indicates that the patient has developed a suture granuloma which is painful and recommends semi-emergent surgery. A progress report dated December 18, 2014 recommends pre-operative clearance once surgery is authorized.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-op medical clearance (CBC, CMP, PT, PTT, UA, EKG, and CXR): 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 procedure, preoperative electrocardiogram

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, Preoperative lab testing, Preoperative electrocardiogram (ECG)

**Decision rationale:** Regarding the request for Pre-op medical clearance, guidelines do not contain criteria for general medical clearance. Guidelines do contain criteria for preoperative EKG and lab testing. California MTUS and ACOEM are silent regarding these issues. ODG recommends electrocardiogram prior to surgery for patients undergoing high-risk surgery or patients undergoing intermediate risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. Preoperative lab testing is recommended for patients undergoing invasive urologic procedures, patients with underlying chronic disease or taking medications which predispose them to electrolyte abnormalities or renal failure, glucose testing for patients with diabetes, complete blood count for patients with diseases which increased anemia risk or in whom a significant perioperative blood loss is anticipated, and coagulation studies for patients with a history of bleeding or medical condition which puts them at risk of bleeding condition. Within the documentation available for review, it does appear that the patient has a history of anemia. However, criteria for the other requested testing has not been met. In the absence of such documentation, the currently requested Pre-op medical clearance is not medically necessary.