

Case Number:	CM15-0005122		
Date Assigned:	01/16/2015	Date of Injury:	03/24/2014
Decision Date:	03/17/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/09/2015

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

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 female patient, who sustained an industrial injury on 03/24/2014. A specialty follow up visit dated 11/25/2014 described an eye care visit treating possible retinal detachment right trauma. The patient reported improved vision. She is prescribed the following; Durezol, Homatropaire and Lotemax drops. The impression noted panuveitis OD, vitreous degeneration/detachment OD, cataract OU, iris posterior synechiae OD and 1 cataract posterior subcapsular polar OU. The plan involved continuing with eye medications. Physical examination found retina attached with continued decreasing inflammation. Her cataract has progressed which may need surgical intervention; follow up in 6 weeks. On 12/11/2014 Utilization Review non-certified requests for pre-operative testing to include; electrocardiogram, laboratory work up and chest radiography with note of no citations offered. The injured worker submitted an application for independent medical review of requested services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op EKG: 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 Lumbar chapter: Preoperative electrocardiogram (ECG)

Decision rationale: The patient presents with severe blurry vision in both eyes and is diagnosed with left eye cataract, symptomatic and status post facial trauma at work with retinal detachment and right retinal tear. The current request is for Pre-op EKG. The treating physician states that the patient has been authorized for cataract surgery and the patient requires a pre-operative physical despite this being a low risk surgery, anesthesia will be administered and the surgery center requires history, physical, CBC blood panel and an EKG. The MTUS guidelines do not address Pre-op EKG. The ODG guidelines state that ECG's for low risk surgical procedures are not indicated. The ODG goes on to state, "Patients in their usual state of health who are undergoing cataract surgery do not require preoperative testing." In this case, the treating physician has stated that the patient is scheduled for a low risk surgery and there is no documentation of cardiac risk for this patient. The treating physician goes on to state, "We have never had a problem with pre-ops before as this is routine for us." The current request is not medically necessary and the recommendation is for denial.

Pre-op CBC: 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 Lumbar Chapter: Preoperative lab testing

Decision rationale: The patient presents with severe blurry vision in both eyes and is diagnosed with left eye cataract, symptomatic and status post facial trauma at work with retinal detachment and right retinal tear. The current request is for Pre-op CBC. The treating physician states that the patient has been authorized for cataract surgery and the patient requires a pre-operative physical despite this being a low risk surgery, anesthesia will be administered and the surgery center requires history, physical, CBC blood panel and an EKG. The MTUS guidelines do not address Pre-op CBC. The ODG guidelines state, "Preoperative additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in perioperative management. Laboratory tests, besides generating high and unnecessary costs, are not good standardized screening instruments for diseases. Testing should generally be done to confirm a clinical impression, and tests should affect the course of treatment. Patients in their usual state of health who are undergoing cataract surgery do not require preoperative testing." In this case, the treating physician has stated that the patient is scheduled for a low risk surgery and there is no documentation of any clinical impression that requires CBC testing for this patient. The treating physician goes on to state, "We have never had a problem with pre-ops before as this is routine for us." The current request is not medically necessary and the recommendation is for denial.

Pre-op x-ray: 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 Lumbar chapter: Preoperative testing, general

Decision rationale: The patient presents with severe blurry vision in both eyes and is diagnosed with left eye cataract, symptomatic and status post facial trauma at work with retinal detachment and right retinal tear. The current request is for Pre-op x-ray. The treating physician states that the patient has been authorized for cataract surgery and the patient requires a pre-operative physical despite this being a low risk surgery, anesthesia will be administered and the surgery center requires history, physical, CBC blood panel and an EKG. The MTUS guidelines do not address Pre-op x-ray. The ODG guidelines state, "Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. Patients in their usual state of health who are undergoing cataract surgery do not require preoperative testing." In this case, the treating physician has stated that the patient is scheduled for a low risk surgery and there is no documentation of any clinical impression that requires Pre-op x-ray for this patient. The treating physician goes on to state, "We have never had a problem with pre-ops before as this is routine for us." The current request is not medically necessary and the recommendation is for denial.