

<b>Case Number:</b>	CM15-0141684		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	04/02/2014
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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, Indiana, Oregon  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 39 year old female who sustained an industrial injury on 04-02-2014. Current diagnoses include right, other enthesopathy of ankle and tarus, right, ankle instability-other joint derangements, right tenosynovitis, right ankle sprain-strain, joint pain, and limb pain. Previous treatments included medications, physical therapy, and chiropractic. Previous diagnostic studies included a MRI of the right ankle. Initial injuries occurred when the worker stepped backwards trying to avoid a bee and tripped over the curb and fell backwards, she twisted her right ankle and immediately experienced pain in her back, right knee, and right ankle. Report dated 02-12-2015 noted that the injured worker presented with complaints that included right ankle pain and swelling. Pain level was 5 (average) and 8 (worst) out of 10 on a visual analog scale (VAS). The injured worker denied having any major illnesses and is currently not taking any medications. Physical examination was positive for right ankle pain and guarding with range of motion, heel walking is painful, talar tilt is positive for pain on the right, pain with right ankle range of motion. The treatment plan included request for injection of the right ankle, request for surgical intervention and management, request for Terocin, Naproxen, and tramadol. Disputed treatments include preop medical clearance with specialist, Preop labs: PT and PTT, Preop labs: CBC, preop labs: electrolytes, Preop labs: creatinine, Preop labs: glucose, preop chest x-ray, preop electrocardiogram, 1 injection therapy-kenalog, marcaine and lidocaine right ankle, series of 3 over 3 months, and Terocin (Unknown prescription).

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Pre-op Medical Clearance with Specialist: 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 (ICSI), Preoperative Evaluation, Bloomington (MN), Jul 2006, page 33 (37 references).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of preoperative clearance and testing. ODG, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, co-morbidities and physical examination findings. ODG states, "These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, co-morbidities and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Preoperative ECG in patients without known risk factor for coronary artery disease, regardless of age, may not be necessary. CBC is recommended for surgeries with large anticipated blood loss. Creatinine is recommended for patient with renal failure. Electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate risk surgery who have additional risk factors. Patients undergoing low risk surgery do not require electrocardiography." Based on the information provided for review, there is no indication of any of these clinical scenarios present in this case. In this case the patient is a healthy 39 year old without co-morbidities or physical examination findings concerning to warrant preoperative testing prior to the proposed surgical procedure. Therefore, the request is not medically necessary.

### **Pre-op Labs: 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 (ICSI), Preoperative Evaluation, Bloomington (MN), Jul 2006, page 33 (37 references).

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**Pre-op Labs: CBC:** 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 (ICSI), Preoperative Evaluation, Bloomington (MN), Jul 2006, page 33 (37 references).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back.

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**Pre-op Labs: Electrolytes:** 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 (ICSI), Preoperative Evaluation, Bloomington (MN), Jul 2006, page 33 (37 references).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back.

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**Pre-op Labs: Creatinine:** 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 (ICSI), Preoperative Evaluation, Bloomington (MN), Jul 2006, page 33 (37 references).

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### **Pre-op Labs: Glucose: 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 (ICSI), Preoperative Evaluation, Bloomington (MN), Jul 2006, page 33 (37 references).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back.

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### **Pre-op Chest X-ray: 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 (ICSI), Preoperative Evaluation, Bloomington (MN), Jul 2006, page 33 (37 references).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of preoperative clearance and testing. ODG, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, co-morbidities and physical examination findings. ODG states, "These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, co-morbidities and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Preoperative ECG in patients without known risk factor for coronary artery disease, regardless of age, may not be necessary. CBC is recommended for surgeries with large anticipated blood loss. Creatinine is recommended for patient with renal failure. Electrocardiography is recommended for patients undergoing high risk surgery and those undergoing intermediate risk surgery who have additional risk factors. Patients undergoing low risk surgery do not require

electrocardiography." Based on the information provided for review, there is no indication of any of these clinical scenarios present in this case. In this case the patient is a healthy 39 year old without co-morbidities or physical examination findings concerning to warrant preoperative testing prior to the proposed surgical procedure. Therefore, the request is not medically necessary.

**Pre-op Electrocardiogram: 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 (ICSI), Preoperative Evaluation, Bloomington (MN), Jul 2006, page 33 (37 references).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back.

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**1 Injection Therapy -Kenalog, Marcaine and Lidocaine right ankle, series of 3 over 3 months: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Physical Methods.

**Decision rationale:** CA MTUS/ACOEM guidelines for the evaluation of the foot and ankle page 371 states that invasive techniques like needle acupuncture or injections have no proven value with the exception of a web space steroid injection for Morton's neuroma. In this case, the request is for an ankle anesthetic injection. As this is not in keeping with the guidelines, it is not medically necessary.

**Terocin (Unknown prescription):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." This drug compound contains menthol. Menthol is not supported by the alternative literature referenced. Therefore, the request is not medically necessary. Johar, Pramod, et al. "A comparison of topical menthol to ice on pain, evoked tetanic and voluntary force during delayed onset muscle soreness." International journal of sports physical therapy 7.3 (2012): 314. Menthol does not provide significant improvements in functional status for patients with knee arthritis.