

Case Number:	CM15-0075273		
Date Assigned:	04/27/2015	Date of Injury:	12/19/2013
Decision Date:	06/18/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/20/2015

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: New York

Certification(s)/Specialty: Neurological 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 25 year old male who sustained an industrial injury on 12/19/13. Initial complaints and diagnoses are not available. Treatments to date include physical therapy, injections, acupuncture, and medications. Diagnostic studies include MRIs and nerve conduction studies. Current complaints include pain in the left knee, radiating into his entire leg with numbness in the left toes radiating to his hip. Current diagnoses include left knee internal derangement, left knee meniscal tear. In a progress note dated 03/05/15 the treating provider reports the plan of care as a left knee video arthroscopy and associated services. The requested treatments are an EKG, chest x-ray, and laboratory studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Chest X-Ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Preoperative Lab Testing.

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 Chapter- Preoperative testing general.

Decision rationale: Pursuant to the American Family Physician, chest x-ray is not medically necessary. The ODG guidelines do recommend chest radiography if the patient is at risk of postoperative pulmonary complications. Documentation does not show such risks. The guidelines note the chest x-ray would be recommended if the results would change postoperative management. Documentation is not provided that such is the case. The requested Associated Surgical Service: Chest X-Ray: is not medically necessary and appropriate.

Associated Surgical Service: Electrocardiogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Preoperative Lab Testing.

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 Chapter-Preoperative Electrocardiogram.

Decision rationale: The ODG guidelines recommend a preoperative electrocardiogram if the patient is undergoing a high risk surgical procedure. The documentation shows this is not the case. The guidelines also note that a preoperative electrocardiogram is advised if the patient is undergoing an intermediate risk procedure and has additional risk factors. Documentation does not show the patient has additional risk factors. The requested service for Associated Surgical Service: Electrocardiogram is not medically necessary and appropriate.

Pre-Operative Labs: Prothrombin time, partial thromboplastin time: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Preoperative Lab Testing.

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 Chapter-Preoperative lab testing.

Decision rationale: The ODG guidelines do recommend coagulation studies if the patient has a history of bleeding. The documentation does not show this history. The guidelines also recommend the testing is if the patient has a medical condition that would predispose the patient to bleeding or if the individual has been taking anticoagulants. The documentation does not provide this evidence. The requested services: Pre-Operative Labs: Prothrombin time, partial thromboplastin time is not medically necessary and appropriate.

Pre-Operative Lab: Urinalysis (UA): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back, Preoperative lab testing.

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 Chapter-preoperative testing- general.

Decision rationale: The ODG guidelines indicate the decision to order the preoperative test should be guided by the patient's history and clinical exam. Documentation is not provided which shows this is the case. The guidelines indicate that the testing would be guided by co-morbidities. No evidence is provided of co-morbidities which would mandate the urine analysis. The Requested service for Pre-Operative Lab: Urinalysis (UA) is not medically necessary and appropriate.