

<b>Case Number:</b>	CM15-0092831		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	10/01/2012
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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  
Certification(s)/Specialty: Emergency Medicine

### 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 57 year old male injured worker suffered an industrial injury on 10/01/2012. The diagnoses included cervical myelopathy with disc displacement and right wrist cartilage tear. The diagnostics included right wrist magnetic resonance imaging. The injured worker had been treated with medications. On 4/1/2015 the treating provider reported 6 weeks prior, a recommendation was made for an anterior cervical fusion. There was cervical tenderness noted and reduced range of motion. The treatment plan included Pre-operative medical clearance with associated diagnostics testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-operative medical clearance:** 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  
<http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx>.

**Decision rationale:** The requested Pre-operative medical clearance is medically necessary. CA MTUS and ODG are silent on this specific issue.

<http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx> recommends the following: "Patients greater than age 40 require a CBC; males require an ECG if greater than age 40 and females if greater than age 50; this is for any type of surgery. b. Patients having major neurosurgical, abdominal, orthopedic, thoracic, cardiac, or vascular surgery usually require an ECG, CXR, lytes, bun, creatinine, LFT's, and PT/PTT. Refer to the preoperative form for lab testing indications for less major procedures. c. Patients having artificial material inserted (e.g. joint replacements) require a urine analysis and culture. d. Patients less than age 40 who are not in categories b or c do not require laboratory testing." The injured worker has right wrist pain and on MRI is reported as having a TFCC tear with dorsal intercarpal segment instability. The treating physician has documented failed conservative treatment and has recommended right wrist arthroscopic repair. The treating physician has documented a history of hypertension but no history of pulmonary disease, cardiovascular disease or bleeding tendency. The injured worker has a stated age of 58. The criteria noted above having been met, Pre-operative medical clearance is medically necessary.

**Office visit evaluation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx>.

**Decision rationale:** The requested Office visit evaluation is medically necessary. CA MTUS and ODG are silent on this specific issue.  
<http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx> recommends the following: "Patients greater than age 40 require a CBC; males require an ECG if greater than age 40 and females if greater than age 50; this is for any type of surgery. b. Patients having major neurosurgical, abdominal, orthopedic, thoracic, cardiac, or vascular surgery usually require an ECG, CXR, lytes, bun, creatinine, LFT's, and PT/PTT. Refer to the preoperative form for lab testing indications for less major procedures. c. Patients having artificial material inserted (e.g. joint replacements) require a urine analysis and culture. d. Patients less than age 40 who are not in categories b or c do not require laboratory testing." The injured worker has right wrist pain and on MRI is reported as having a TFCC tear with dorsal intercarpal segment instability. The treating physician has documented failed conservative treatment and has recommended right wrist arthroscopic repair. The treating physician has documented a history of hypertension but no history of pulmonary disease, cardiovascular disease or bleeding tendency. The injured worker has a stated age of 58. The criteria noted above having been met, Office visit evaluation to perform pre-op clearance is medically necessary.

**Pulmonary function test:** 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), Pulmonary; Pulmonary function testing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary, Acute & Chronic, Pulmonary Function testing and Other Medical Treatment Guidelines <http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx>.

**Decision rationale:** The requested pulmonary function test is not medically necessary. CA MTUS and ODG are silent on this specific issue. <http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx> recommends the following: "Patients greater than age 40 require a CBC; males require an ECG if greater than age 40 and females if greater than age 50; this is for any type of surgery. b. Patients having major neurosurgical, abdominal, orthopedic, thoracic, cardiac, or vascular surgery usually require an ECG, CXR, lytes, bun, creatinine, LFT's, and PT/PTT. Refer to the preoperative form for lab testing indications for less major procedures. c. Patients having artificial material inserted (e.g. joint replacements) require a urine analysis and culture. d. Patients less than age 40 who are not in categories b or c do not require laboratory testing." Further, Official Disability Guidelines, Pulmonary, Acute & Chronic, Pulmonary Function testing, note that such testing is indicated to assess the presence or progress of various pulmonary obstructive and restive diseases. The injured worker has right wrist pain and on MRI is reported as having a TFCC tear with dorsal intercarpal segment instability. The treating physician has documented failed conservative treatment and has recommended right wrist arthroscopic repair. The treating physician has documented a history of hypertension but no history of pulmonary disease, cardiovascular disease or bleeding tendency. The injured worker has a stated age of 58. The treating physician has not documented the presence or history of pulmonary disease. The criteria noted above not having been met, pulmonary function test is not medically necessary.

**Electrocardiography:** 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; 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) Low Back, Acute & Chronic, Preoperative electrocardiogram (ECG) and Other Medical Treatment Guidelines <http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx>.

**Decision rationale:** The requested Electrocardiography is not medically necessary. CA MTUS and ODG are silent on this specific issue. <http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx> recommends the following: "Patients greater than age 40 require a CBC; males require an ECG if greater than age 40 and females if greater than age 50; this is for any type of surgery. b. Patients having major neurosurgical, abdominal, orthopedic, thoracic, cardiac, or vascular surgery usually require an

ECG, CXR, lytes, bun, creatinine, LFT's, and PT/PTT. Refer to the preoperative form for lab testing indications for less major procedures. c. Patients having artificial material inserted (e.g. joint replacements) require a urine analysis and culture. d. Patients less than age 40 who are not in categories b or c do not require laboratory testing." Official Disability Guidelines, Low Back, Acute & Chronic, Preoperative electrocardiogram (ECG) 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. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Preoperative ECGs in patients without known risk factors for coronary disease, regardless of age, may not be necessary. Preoperative and postoperative resting 12-lead ECGs are not indicated in asymptomatic persons undergoing low-risk surgical procedures. Low risk procedures (with reported cardiac risk generally less than 1%) include endoscopic procedures; superficial procedures; cataract surgery; breast surgery; & ambulatory surgery. An ECG within 30 days of surgery is adequate for those with stable disease in whom a preoperative ECG is indicated. (Fleisher, 2008) (Feely, 2013) (Sousa, 2013) Criteria for Preoperative electrocardiogram (ECG): High Risk Surgical Procedures: These are defined as all vascular surgical procedures (with reported cardiac risk often more than 5%, which is the combined incidence of cardiac death and nonfatal myocardial infarction), and they include: Aortic and other major vascular surgery; Peripheral vascular surgery; Preoperative ECG is recommended for vascular surgical procedures. Intermediate Risk Surgical Procedures: These are defined as procedures with intermediate risk (with reported cardiac risk generally 1-5%), and they include: Intraperitoneal and intrathoracic surgery; Carotid endarterectomy; Head and neck surgery; Orthopedic surgery, not including endoscopic procedures or ambulatory surgery; Preoperative ECG is recommended for patients with known CHD, peripheral arterial disease, or cerebrovascular disease; Preoperative ECG may be reasonable in patients with at least 1 clinical risk factor: History of ischemic heart disease; History of compensated or prior HF; History of cerebrovascular disease, diabetes mellitus, or renal insufficiency. Low Risk Surgical Procedures: These are defined as procedures with low risk (with reported cardiac risk generally less than 1%), and they include: Endoscopic procedures; Superficial procedures; Cataract surgery; Breast surgery; Ambulatory surgery. ECGs are not indicated for low risk procedures."The injured worker has right wrist pain and on MRI is reported as having a TFCC tear with dorsal intercarpal segment instability. The treating physician has documented failed conservative treatment and has recommended right wrist arthroscopic repair. The treating physician has documented a history of hypertension but no history of pulmonary disease, cardiovascular disease or bleeding tendency. The injured worker has a stated age of 58. The treating physician has not documented the presence or history of cardiovascular disease or of a high-risk surgical procedure. The criteria noted above not having been met, Electrocardiography is not medically necessary.

**Complete blood count (CBC):** Overturned

**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; Preoperative lab testing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx>.

**Decision rationale:** The requested Complete blood count (CBC) is medically necessary. CA MTUS and ODG are silent on this specific issue.  
<http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx> recommends the following: "Patients greater than age 40 require a CBC; males require an ECG if greater than age 40 and females if greater than age 50; this is for any type of surgery. b. Patients having major neurosurgical, abdominal, orthopedic, thoracic, cardiac, or vascular surgery usually require an ECG, CXR, lytes, bun, creatinine, LFT's, and PT/PTT. Refer to the preoperative form for lab testing indications for less major procedures. c. Patients having artificial material inserted (e.g. joint replacements) require a urine analysis and culture. d. Patients less than age 40 who are not in categories b or c do not require laboratory testing." The injured worker has right wrist pain and on MRI is reported as having a TFCC tear with dorsal intercarpal segment instability. The treating physician has documented failed conservative treatment and has recommended right wrist arthroscopic repair. The treating physician has documented a history of hypertension but no history of pulmonary disease, cardiovascular disease or bleeding tendency. The injured worker has a stated age of 58. The criteria noted above having been met, Complete blood count (CBC) is medically necessary.

**Basic metabolic panel:** 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; Preoperative lab testing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx>.

**Decision rationale:** The requested Basic metabolic panel is not medically necessary. CA MTUS and ODG are silent on this specific issue.  
<http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx> recommends the following: "Patients greater than age 40 require a CBC; males require an ECG if greater than age 40 and females if greater than age 50; this is for any type of surgery. b. Patients having major neurosurgical, abdominal, orthopedic, thoracic, cardiac, or vascular surgery usually require an ECG, CXR, lytes, bun, creatinine, LFT's, and PT/PTT. Refer to the preoperative form for lab testing indications for less major procedures. c. Patients having artificial material inserted (e.g. joint replacements) require a urine analysis and culture. d. Patients less than age 40 who are not in categories b or c do not require laboratory testing." Further, Official Disability Guidelines, Pulmonary, Acute & Chronic, Pulmonary Function testing, note that such testing is indicated to assess the presence or progress of various pulmonary obstructive and restive diseases. The injured worker has right wrist pain and on MRI is reported as having a TFCC tear with dorsal intercarpal segment instability. The treating physician has documented failed conservative treatment and has recommended right wrist arthroscopic repair. The treating physician has

documented a history of hypertension but no history of pulmonary disease, cardiovascular disease or bleeding tendency. The injured worker has a stated age of 58. The treating physician has not documented the recommendations of a major orthopedic surgery requiring electrolyte testing. The criteria noted above not having been met, Basic metabolic panel is not medically necessary.

**Labs: PT/PTT:** 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; Preoperative lab testing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx>.

**Decision rationale:** The requested Labs: PT/PTT is not medically necessary. CA MTUS and ODG are silent on this specific issue.  
<http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx> recommends the following: "Patients greater than age 40 require a CBC; males require an ECG if greater than age 40 and females if greater than age 50; this is for any type of surgery. b. Patients having major neurosurgical, abdominal, orthopedic, thoracic, cardiac, or vascular surgery usually require an ECG, CXR, lytes, bun, creatinine, LFT's, and PT/PTT. Refer to the preoperative form for lab testing indications for less major procedures. c. Patients having artificial material inserted (e.g. joint replacements) require a urine analysis and culture. d. Patients less than age 40 who are not in categories b or c do not require laboratory testing." The injured worker has right wrist pain and on MRI is reported as having a TFCC tear with dorsal intercarpal segment instability. The treating physician has documented failed conservative treatment and has recommended right wrist arthroscopic repair. The treating physician has documented a history of hypertension but no history of pulmonary disease, cardiovascular disease or bleeding tendency. The injured worker has a stated age of 58. The treating physician has not documented the recommendations of a major orthopedic surgery nor history of bleeding testing requiring PT/PTT testing. The criteria noted above not having been met, Labs: PT/PTT is not medically necessary.

**Echocardiogram:** 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 Official Disability Guidelines (ODG) Low Back, Acute & Chronic, Preoperative electrocardiogram (ECG) and Other Medical Treatment Guidelines  
<http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx>.

**Decision rationale:** The requested Echocardiogram is not medically necessary. CA MTUS and ODG are silent on this specific issue.

<http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx> recommends the following: "Patients greater than age 40 require a CBC; males require an ECG if greater than age 40 and females if greater than age 50; this is for any type of surgery. b. Patients having major neurosurgical, abdominal, orthopedic, thoracic, cardiac, or vascular surgery usually require an ECG, CXR, lytes, bun, creatinine, LFT's, and PT/PTT. Refer to the preoperative form for lab testing indications for less major procedures. c. Patients having artificial material inserted (e.g. joint replacements) require a urine analysis and culture. d. Patients less than age 40 who are not in categories b or c do not require laboratory testing." Official Disability Guidelines, Low Back, Acute & Chronic, Preoperative electrocardiogram (ECG) 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. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Preoperative ECGs in patients without known risk factors for coronary disease, regardless of age, may not be necessary. Preoperative and postoperative resting 12-lead ECGs are not indicated in asymptomatic persons undergoing low-risk surgical procedures. Low risk procedures (with reported cardiac risk generally less than 1%) include endoscopic procedures; superficial procedures; cataract surgery; breast surgery; & ambulatory surgery. An ECG within 30 days of surgery is adequate for those with stable disease in whom a preoperative ECG is indicated. (Fleisher, 2008) (Feely, 2013) (Sousa, 2013) Criteria for Preoperative electrocardiogram (ECG): High Risk Surgical Procedures: These are defined as all vascular surgical procedures (with reported cardiac risk often more than 5%, which is the combined incidence of cardiac death and nonfatal myocardial infarction), and they include: Aortic and other major vascular surgery; Peripheral vascular surgery. Preoperative ECG is recommended for vascular surgical procedures. Intermediate Risk Surgical Procedures: These are defined as procedures with intermediate risk (with reported cardiac risk generally 1-5%), and they include: Intraperitoneal and intrathoracic surgery; Carotid endarterectomy; Head and neck surgery; Orthopedic surgery, not including endoscopic procedures or ambulatory surgery. Preoperative ECG is recommended for patients with known CHD, peripheral arterial disease, or cerebrovascular disease; Preoperative ECG may be reasonable in patients with at least 1 clinical risk factor: History of ischemic heart disease; History of compensated or prior HF; History of cerebrovascular disease, diabetes mellitus, or renal insufficiency. Low Risk Surgical Procedures: These are defined as procedures with low risk (with reported cardiac risk generally less than 1%), and they include: Endoscopic procedures; Superficial procedures; Cataract surgery; Breast surgery; Ambulatory surgery. ECGs are not indicated for low risk procedures. The injured worker has right wrist pain and on MRI is reported as having a TFCC tear with dorsal intercarpal segment instability. The treating physician has documented failed conservative treatment and has recommended right wrist arthroscopic repair. The treating physician has documented a history of hypertension but no history of pulmonary disease, cardiovascular disease or bleeding tendency. The injured worker has a stated age of 58. The treating physician has not documented the presence or history of cardiovascular disease or of a high-risk surgical procedure. The criteria noted above not having been met, Echocardiogram is not medically necessary.