

<b>Case Number:</b>	CM15-0094341		
<b>Date Assigned:</b>	05/22/2015	<b>Date of Injury:</b>	01/10/2014
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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: Minnesota, Florida

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 49 year old male who sustained an industrial injury on 1/10/14 when he knelt on a roof and right knee was punctured causing him to forcefully turn his body to the right landing directly on his right shoulder. Initial medical evaluation included x-rays of the right knee, medication, rest, ice, elevate and stretch the area. The diagnosis was right knee meniscal tear. Currently he complains of constant right knee pain with swelling, weakness, locking, giving way, popping, grinding, right leg cramping and instability. He uses a cane for ambulation. Physical exam of the right knee reveals moderate soft tissue swelling with peripatellar tenderness on palpation. There was limited range of motion of the area due to pain. There was positive Clarke's sign, patellofemoral compression positive, Appley's compression positive. Medications are Tramadol, naproxen, omeprazole, Flexeril. Drug screen from 3/6/15 was inconsistent with current medication regime. Diagnoses include status post right knee arthroscopy (3/26/14); meniscal tear right knee; derangement of the knee; impingement syndrome; lumbosacral sprain/ strain. Treatments to date include physical therapy, medications. Diagnostics include MRI of the right shoulder (4/29/15) showing full thickness tear of the rotator cuff; x-rays of the right and left shoulder (2/11/14) were abnormal; x-rays of right and left hip (2/11/14) were unremarkable; x- ray of the right knee (2/11/14) was unremarkable; MR arthrogram of the right knee (4/2/15) showing sequelae of prior partial lateral meniscectomy and the recommendation of moderate to high grade fissuring of the articular cartilage in the lateral patellar facet. In the progress note dated 4/23/15 the treating provider's plan of care includes a note that right knee arthroscopic meniscectomy and debridement has been authorized and due to comorbidities chest x-ray, electrocardiogram, CBC with differential, urinalysis with reflex

to microbiology and complete metabolic panel were requested.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Pre-Operative CBC with Diff: 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 - Lumbar & Thoracic (Acute & Chronic), Preoperative lab testing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Low Back, Topic: Preoperative lab testing.

**Decision rationale:** ODG guidelines indicate a complete blood count is recommended for patients with diseases that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated. The surgical procedure is a low risk outpatient procedure and no significant blood loss is anticipated. As such, a preoperative CBC is not supported and the medical necessity is not established.

#### **Pre-Operative CMP: 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 - Lumbar & Thoracic (Acute & Chronic), Preoperative lab testing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Low Back, Topic: Preoperative lab testing.

**Decision rationale:** ODG guidelines recommend preoperative lab testing for specific criteria. Electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure. Random glucose testing should be performed in patients with high risk of undiagnosed diabetes mellitus. In patients with diagnosed diabetes A1C testing is recommended only if the results would change perioperative management. A routine complete metabolic panel is not recommended. A review of the medical records provided does not reveal co-morbidities that would necessitate the complete metabolic panel. As such, the medical necessity of the request is not established.

#### **Pre-Operative UA with Reflex to Micro: 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 - Lumbar & Thoracic (Acute & Chronic), Preoperative lab testing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Low Back, Topic: Preoperative lab testing.

**Decision rationale:** With regard to a preoperative urinalysis, ODG guidelines recommend a urinalysis for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material. The documentation provided does not indicate any such procedure. As such, the request for a preoperative urinalysis with ref. to micro is not supported and the medical necessity of the request has not been substantiated.

**Pre-Operative Chest X-Ray:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA 2007 Guidelines on Perioperative Cardiovascular Evaluation and Care for Noncardiac Surgery.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Low Back, Topic: Preoperative testing, general.

**Decision rationale:** ODG guidelines indicate that the decision to order preoperative tests should be guided by the patient's clinical history, comorbidities and physical examination findings. Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. The documentation provided does not indicate comorbidities that would necessitate a preoperative chest x-ray. As such, the request for a preoperative chest x-ray is not supported and the medical necessity of the request has not been substantiated.

**Pre-Operative EKG:** 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 - Lumbar & Thoracic (Acute & Chronic), Preoperative EKG.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Low Back, Topic: Preoperative electrocardiogram.

**Decision rationale:** ODG guidelines recommend preoperative electrocardiograms for patients undergoing high risk surgery and those undergoing intermediate risk surgery who have additional risk factors. The procedure as requested is a low risk out-patient procedure. As such, the request for a pre-operative EKG is not supported and the medical necessity is not established.