

Case Number:	CM14-0151195		
Date Assigned:	09/24/2014	Date of Injury:	02/12/2008
Decision Date:	11/05/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/16/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 69-year-old male who reported an injury on 02/12/2008 due to heavy lifting. Diagnosis includes primary localized osteoarthritis of pelvic region. The past medical treatment included medications, physical therapy, and chiropractic therapy. Diagnostic testing included x-rays of the hips demonstrating severe osteoarthritis of the right hip with complete joint space obliteration as well as erosive changes in the femoral head date was not provided, this is an unofficial reading just dictated by the physician on the clinical note dated 02/26/2013. There is a second x-ray of the pelvis on 11/18/2010 which revealed the absence of joint space in the right hip with large subchondral cyst and sclerosis and the left hip appeared within normal limits. Past treatment included medications, and physical therapy. There was no pertinent surgical history. The injured worker complained of severe pain and has a severe limp on 02/26/2013. The injured worker's ambulatory capacity was 1 block. The injured worker walked the stairs with difficulty, dons' socks and shoes with difficulty. The supine physical examination revealed the injured worker had a significant hip flexion contracture of 15 degrees, with flexion range only to 60 degrees. The injured worker had minimal abduction and adduction as well as internal and external rotation, had 4/5 hip flexion and abduction strength secondary to pain, with some mild tenderness to palpation over the trochanter. The medications included atenolol, lovastatin, benazepril, levothyroxine, hydrocodone, multivitamins and other supplements, including glucosamine. The treatment plan is for prospective request for 1 preoperative testing to include just x-ray, EKG, lab (CBC with diff., CMP, PT, APTT, UA, type and screen, MRSA screening). The rationale for the request is the hip is significantly arthritic and the only treatment option would be future arthroplasty. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

pre-operative testing to include chest x-ray (CXR), EKG, lab (CBC with diff, CMP, PT, APTT, UA, type & screen, MRSA screening): 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, Preoperative testing, general

Decision rationale: The injured worker complained of severe pain and has a severe limp on 02/26/2013. The Official Disability Guidelines state preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, and urinalysis) is often performed before surgical procedures. 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, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. The patient does take a cardiac medication and requires follow up with a cardiologist and the appropriate testing prior to surgical clearance as mentioned in the guidelines. However, there is a lack of documentation indicating the injured worker has been approved for surgery and the surgery has been scheduled in the near future. There is lack of documentation that supports the pre-operative criteria, therefore the request for prospective request for pre-operative testing to include chest x-ray (CXR), EKG, lab (CBC with diff, CMP, PT, APTT, UA, type & screen, MRSA screening) is not medically necessary.