

Case Number:	CM14-0102805		
Date Assigned:	07/30/2014	Date of Injury:	09/24/2010
Decision Date:	11/13/2015	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/03/2014

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. 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 53-year-old female with an industrial injury dated 09-24-2010. A review of the medical records indicates that the injured worker is undergoing treatment for bilateral subtalar joint arthritis, left ankle anterior impingement and right ankle anterior impingement and equinus contracture status post right open debridement and Achilles lengthening, improved. Treatment consisted of diagnostic studies, prescribed medications, bone exostosis excision in 05-01-2013, physical therapy and periodic follow up visits. Medical records indicate bilateral ankle complaints. In a progress note dated 08-13-2013, the injured worker reported improved functional status with physical therapy intervention. Medical records (10-17-2013) the injured worker reported pain in the right Achilles tendon. Objective findings (10-17-2013) revealed well-healed incisions, mild tenderness over Achilles, active ankle dorsiflexion 5 past neutral, plantar flexion 20 without pain and subtalar motion preserved without pain. In a progress note dated 03-18-2014, the injured worker reported that her right ankle is still painful. Physical exam revealed (3-18-2014) active ankle dorsiflexion past neutral, plantar flexion 20 without pain, subtalar motion; inversion 15, eversion 5, sensation intact throughout and with full strength. According to the progress report dated 05-12-2014, the injured worker reported improvement in right ankle and worsening of the left ankle. Right lower extremity exam revealed (05-12-2014) active ankle dorsiflexion past neutral, plantar flexion 20, subtalar motion; inversion 15, eversion 5, sensation intact throughout and with full strength. Left lower extremity exam revealed (05-12-2014) active ankle dorsiflexion almost to neutral, plantar flexion 20, subtalar motion; inversion 15, eversion 5, sensation intact throughout and with full strength. X-ray of the right ankle dated 04-21-2014 revealed postoperative changes following Os Trigonum surgery and prominent calcaneal spur. X-ray of the left ankle dated 04-21-2014 revealed a prominent Os Trigonum, calcaneal spur

formation and no significant mid foot or forefoot abnormalities are present. The treatment plan consisted of excision of the left ankle exostosis, tibia and talus. The treating physician prescribed services for Preoperative clearance to include CMP (Complete Metabolic Panel), CBC (Complete Blood Count, Preoperative clearance (History and Physical), Preoperative Clearance to include Hemoglobin A1C and Preoperative Clearance to include Vitamin D level. Utilization Review determination on 06-09-2014, non-certified the request for Preoperative clearance to include CMP (Complete Metabolic Panel), CBC (Complete Blood Count, Preoperative clearance (History and Physical), Preoperative Clearance to include Hemoglobin A1C and Preoperative Clearance to include Vitamin D level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative clearance (History and Physical): 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), Treatment Index, 11th Edition (Web), 2013, Low Back, Criteria for 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.

Decision rationale: The CA MTUS/ACOEM Guidelines are silent on the issue of preoperative clearance and testing. According to the Official Disability Guidelines, preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. The ODG states, that 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. In this case the patient is healthy without comorbidities or physical examination findings concerning to warrant preoperative testing prior to the proposed surgical procedure. Therefore, the request is not medically necessary.

Preoperative Clearance to include CMP and CBC: 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), Treatment Index, 11th Edition (Web), 2013, Low Back, Criteria for 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.

Decision rationale: The CA MTUS/ACOEM Guidelines are silent on the issue of preoperative clearance and testing. According to the Official Disability Guidelines, preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. The ODG states, that 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. In this case the patient is healthy without comorbidities or physical examination findings concerning to warrant preoperative testing prior to the proposed surgical procedure. Therefore, the request is not medically necessary.

Preoperative Clearance to include Hemoglobin A1C: 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), Treatment Index, 11th Edition (Web), 2013, Low Back, Criteria for 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.

Decision rationale: The CA MTUS/ACOEM Guidelines are silent on the issue of preoperative clearance and testing. According to the Official Disability Guidelines, preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. The ODG states, that 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. In this case the patient is healthy without comorbidities or physical examination findings concerning to warrant preoperative testing prior to the proposed surgical procedure. Therefore, the request is not medically necessary.

Preoperative Clearance to include Vitamin D level: 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), Treatment Index, 11th Edition (Web), 2013, Low Back, Criteria for 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.

Decision rationale: The CA MTUS/ACOEM Guidelines are silent on the issue of preoperative clearance and testing. According to the Official Disability Guidelines, preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. The ODG states, that 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. In this case the patient is healthy without comorbidities or physical examination findings concerning to warrant preoperative testing prior to the proposed surgical procedure. Therefore, the request is not medically necessary.