

Case Number:	CM14-0038153		
Date Assigned:	07/18/2014	Date of Injury:	01/02/2014
Decision Date:	10/19/2015	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/01/2014

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, Oregon, Washington
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 60 year old male who sustained an industrial injury on 01/02/2014. Current diagnosis included olecranon bursitis right elbow with spur. Report dated 03-05-2014 noted that the injured worker presented with complaints that included right elbow swelling and pain. Past medical history includes diabetes and hypertension. Physical examination performed on 03-05-2014 revealed golf ball size swelling on the posterior aspect of the elbow directly over the olecranon bursa with tenderness. Previous diagnostic studies included x-rays. Previous treatments included medications, and aspiration of the right elbow olecranon bursa. The treatment plan included requests for right olecranon bursectomy with excision of spur, pre-op EKG, pre-op lab work to include HGA1C, basic metabolic profile, physical therapy, post-op pain medications, and follow up after surgery. Request for authorization dated 03-05-2014, included requests for right olecranon bursectomy with excision of spur, pre-op EKG, pre-op lab work to include HGA1C, basic metabolic profile, physical therapy, and post-op pain medication hydrocodone-acetaminophen. The utilization review dated 03-12-2014, modified the request for preoperative medical clearance and pre-op labs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Preoperative Medical Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Orthopedic Surgeons, Orthopedic Knowledge Update, IKU 9, Jeffrey s. Fischgrund, MD: editor, chapter 9 Perioperative Medical Management - page 105-113.

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: CA MTUS/ACOEM is silent on the issue of preoperative clearance and testing. ODG, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. ODG states, "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. Preoperative ECG in patients without known risk factor for coronary artery disease, regardless of age, may not be necessary. CBC is recommended for surgeries with large anticipated blood loss. Creatinine is recommended for patient with renal failure. Electrocardiography is 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." Based on the information provided for review, there is no indication of any of these clinical scenarios present in this case. In this case the patient is a 60 year old without comorbidities or physical examination findings concerning to warrant preoperative testing prior to the proposed surgical procedure. The surgery is of olecranon bursectomy is a surgery that likely involves minimal blood loss and minimal intraoperative risks. Therefore the determination is not medically necessary.

Pre-op labs: 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 ODG low back.

Decision rationale: CA MTUS/ACOEM is silent on the issue of preoperative lab testing. ODG low back is referenced. Guidelines for preoperative CBC are stated as patients with a medical risk for anemia or a planned surgery with significant blood loss. For testing of metabolic panel or creatinine, the guidelines recommend testing for patients with chronic kidney disease. Based on the clinic note of 3/5/14, there is not supporting evidence of the above, therefore the requested procedure is not medically necessary.

