Case Number:	CM15-0128819		
Date Assigned:	07/15/2015	**Date of Injury:**	06/19/2014
Decision Date:	10/08/2015	**UR Denial Date:**	06/22/2015
Priority:	Standard	**Application Received:**	07/02/2015

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: Texas, California
Certification(s)/Specialty: Family Practice

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 diagnoses have included left knee pain; left knee strain; and status post left knee surgery, meniscus repair, on 11/18/2014. Per the progress report from the treating physician, dated 04/22/2015, he had complains of continued left anterior knee pain and swelling; continued pain with weight-bearing and walking/standing activities; feeling of instability, clicking, popping, and locking; difficulty with kneeling, squatting, stairs, and inclines; difficulty with heavy lifting, pushing, and pulling with complaints of weakness. The pain was severe and rated at 9/10 on the pain scale; not able to sleep, walk, and missed school because of pain; and surgery (2nd surgery) was recommended. The physical examination revealed intact neuro-circulatory status to left knee; soft tissue swelling; tenderness to palpation anteriorly; motion loss with flexion and extension; strength loss; and antalgic gait. The medications list includes Advil, Naproxen, and Omeprazole. He has undergone left knee surgery, meniscus repair, on 11/18/2014. He has had left knee MRI on 10/29/2014. He has had physical therapy and braces for this injury. The treatment plan has included the request for labs: CMP (comprehensive metabolic panel); labs: lipid panel; labs CBC (complete blood count); labs: hemoglobin; labs: A1C (P1)-INR; labs: PTT (partial thromboplastin time) activated; and labs: TSH (thyroid stimulating hormone) third generation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Labs: CMP 14 (comprehensive metabolic panel): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back (updated 09/22/15) Preoperative lab testing.

Decision rationale: Per the cited guidelines, "Preoperative additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in perioperative management. Laboratory tests, besides generating high and unnecessary costs, are not good standardized screening instruments for diseases. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Preoperative routine tests are appropriate if patients with abnormal tests will have a preoperative modified approach (i.e., new tests ordered, referral to a specialist or surgery postponement). Testing should generally be done to confirm a clinical impression, and tests should affect the course of treatment. (Feely, 2013) (Sousa, 2013) Criteria for Preoperative lab testing: Preoperative urinalysis is recommended for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material. 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 at high risk of undiagnosed diabetes mellitus. In patients with diagnosed diabetes, A1C testing is recommended only if the result would change perioperative management. A complete blood count is indicated for patients with diseases that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated. Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants." Per the records provided CMP was requested as a part of pre op lab testing prior to the proposed left knee surgery. A test like CMP is medically appropriate as a part of pre op testing. Abnormal test results may modified the approach to the patient's pre-operative, operative and post operative management. The request of Labs: CMP 14 (comprehensive metabolic panel) is medically appropriate and necessary for this patient (if the patient does get the left knee surgery done).

Labs: Lipid Panel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back (updated 09/22/15) Preoperative lab testing.

Decision rationale: Per the cited guidelines "Preoperative additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in perioperative management. Laboratory tests, besides generating high and unnecessary costs, are

not good standardized screening instruments for diseases. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Preoperative routine tests are appropriate if patients with abnormal tests will have a preoperative modified approach (i.e., new tests ordered, referral to a specialist or surgery postponement). Testing should generally be done to confirm a clinical impression, and tests should affect the course of treatment. (Feely, 2013) (Sousa, 2013) Criteria for Preoperative lab testing: Preoperative urinalysis is recommended for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material. 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 at high risk of undiagnosed diabetes mellitus. In patients with diagnosed diabetes, A1C testing is recommended only if the result would change perioperative management. A complete blood count is indicated for patients with diseases that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated. Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants." The details of the presence of any comorbidities or underlying chronic diseases that would require lipid panel testing is not specified in the records provided. The results of the lipid panel would not change the pre-operative, operative and post operative management of this patient. The medical necessity of Labs: Lipid Panel is not medically necessary.

Labs: CBC (complete blood count): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back (updated 09/22/15) Preoperative lab testing.

Decision rationale: Labs: CBC (complete blood count). Per the cited guidelines "Preoperative additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in perioperative management. Laboratory tests, besides generating high and unnecessary costs, are not good standardized screening instruments for diseases. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Preoperative routine tests are appropriate if patients with abnormal tests will have a preoperative modified approach (i.e., new tests ordered, referral to a specialist or surgery postponement). Testing should generally be done to confirm a clinical impression, and tests should affect the course of treatment. (Feely, 2013) (Sousa, 2013) Criteria for Preoperative lab testing: Preoperative urinalysis is recommended for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material. 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 at high risk of undiagnosed diabetes mellitus. In patients with diagnosed diabetes, A1C testing is recommended only if the result would change perioperative management. A complete blood count is indicated for patients with diseases that

increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated. Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants." Per the records provided CBC was requested as a part of pre op lab testing prior to the proposed left knee surgery. A basic test like a CBC is medically appropriate as routine pre op testing. Abnormal test results may modified approach to the patient's pre-operative, operative and post operative management. The request of Labs: CBC (complete blood count) is medically appropriate and necessary for this patient (if the patient does get the left knee surgery done).

Labs: Hemoglobin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back (updated 09/22/15) Preoperative lab testing.

Decision rationale: Labs: Hemoglobin. Per the notes, actually the requested test is a Hemoglobin A1c or glycosylated hemoglobin. So the request for Hemoglobin A1c or glycosylated hemoglobin will be addressed here. (A plain hemoglobin is included in the CBC already which is addressed already as part of another request). Per the cited guidelines "Preoperative additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in perioperative management. Laboratory tests, besides generating high and unnecessary costs, are not good standardized screening instruments for diseases. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Preoperative routine tests are appropriate if patients with abnormal tests will have a preoperative modified approach (i.e., new tests ordered, referral to a specialist or surgery postponement). Testing should generally be done to confirm a clinical impression, and tests should affect the course of treatment. (Feely, 2013) (Sousa, 2013) Criteria for Preoperative lab testing: Preoperative urinalysis is recommended for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material. 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 at high risk of undiagnosed diabetes mellitus. In patients with diagnosed diabetes, A1C testing is recommended only if the result would change perioperative management. A complete blood count is indicated for patients with diseases that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated. Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants." The details of the presence of diabetes or any comorbidities or underlying chronic diseases that would require advance testing. HbA1C is not specified in the records provided. The results of a glucose test are not yet known. So the need for HbA1c (hemoglobin A1c) is not fully established The medical necessity of Labs: Hemoglobin A1C is not medically necessary.

Labs: A1C (P1)-INR: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back (updated 09/22/15) Preoperative lab testing.

Decision rationale: Labs: A1C (P1)-INR. Per the notes, the request is actually for PT/INR (prothrombin time and INR), which will be addressed here. Per the cited guidelines, "Preoperative additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in perioperative management. Laboratory tests, besides generating high and unnecessary costs, are not good standardized screening instruments for diseases. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Preoperative routine tests are appropriate if patients with abnormal tests will have a preoperative modified approach (i.e., new tests ordered, referral to a specialist or surgery postponement). Testing should generally be done to confirm a clinical impression, and tests should affect the course of treatment. (Feely, 2013) (Sousa, 2013) Criteria for Preoperative lab testing: Preoperative urinalysis is recommended for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material. 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 at high risk of undiagnosed diabetes mellitus. In patients with diagnosed diabetes, A1C testing is recommended only if the result would change perioperative management. A complete blood count is indicated for patients with diseases that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated. Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants." Per the records provided PT-INR was requested as a part of pre op lab testing prior to the proposed left knee surgery. It is one of the coagulation studies. A PT-INR is medically appropriate prior to a surgery to the left knee as part of pre op testing. Abnormal test results may modified approach to the patient's pre-operative, operative and post operative management. The request of Labs: (PT)-INR is medically appropriate and necessary for this patient (if the patient does get the left knee surgery done).

Labs: PTT (partial thromboplastin time) activated: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back (updated 09/22/15) Preoperative lab testing.

Decision rationale: Labs: PTT (partial thromboplastin time) activated. Per the cited guidelines "Preoperative additional tests are excessively ordered, even for young patients with low surgical

risk, with little or no interference in perioperative management. Laboratory tests, besides generating high and unnecessary costs, are not good standardized screening instruments for diseases. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Preoperative routine tests are appropriate if patients with abnormal tests will have a preoperative modified approach (i.e., new tests ordered, referral to a specialist or surgery postponement). Testing should generally be done to confirm a clinical impression, and tests should affect the course of treatment. (Feely, 2013) (Sousa, 2013) Criteria for Preoperative lab testing: Preoperative urinalysis is recommended for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material. 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 at high risk of undiagnosed diabetes mellitus. In patients with diagnosed diabetes, A1C testing is recommended only if the result would change perioperative management. A complete blood count is indicated for patients with diseases that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated. Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants." Per the records provided PTT was requested as a part of pre op lab testing prior to the proposed left knee surgery. It is one of the coagulation studies. PTT is medically appropriate prior to a surgery to the left knee as part of pre op testing. Abnormal test results may modified approach to the patient's pre-operative, operative and post operative management.. The request of Labs: PTT (partial thromboplastin time) activated is medically appropriate and necessary for this patient (if the patient does get the left knee surgery done).

Labs: TSH (thyroid stimulating hormone) third degeneration: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back (updated 09/22/15) Preoperative lab testing.

Decision rationale: Labs: TSH (thyroid stimulating hormone) third degeneration. Per the cited guidelines "Preoperative additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in perioperative management. Laboratory tests, besides generating high and unnecessary costs, are not good standardized screening instruments for diseases. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Preoperative routine tests are appropriate if patients with abnormal tests will have a preoperative modified approach (i.e., new tests ordered, referral to a specialist or surgery postponement). Testing should generally be done to confirm a clinical impression, and tests should affect the course of treatment. (Feely, 2013) (Sousa, 2013) Criteria for Preoperative lab testing: Preoperative urinalysis is recommended for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material. 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 at high risk of undiagnosed diabetes mellitus. In patients with diagnosed diabetes, A1C testing is recommended only if the result would change perioperative management. A complete blood count is indicated for patients with diseases that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated. Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants." The details of the presence of any comorbidities or underlying chronic diseases that would require a TSH is not specified in the records provided. A history of weight change or other symptoms or signs suggestive of possible thyroid disease, were not specified in the records provided. The medical necessity of Labs: TSH (thyroid stimulating hormone) third degeneration is not fully medically necessary.