

Case Number:	CM13-0002321		
Date Assigned:	11/20/2013	Date of Injury:	01/09/2013
Decision Date:	01/22/2014	UR Denial Date:	06/24/2013
Priority:	Standard	Application Received:	07/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in California. 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 physician 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:

32 yr old otherwise healthy claimant sustained a work injury on 1/9/13 which resulted in a right knee injury. He has had constant pain since the injury . He has been treated with analgesics, chiropractic therapy and non-weight bearing. Prior to the injury he was able to left up to 40 lbs and have full range of motion of his extremities. An MRI of the knee indicated grade 4 chondromalacia. On 6/24/13 a preoperative clearance and request for a chest x-ray were made. There was no documented indication for the need for clearance. On 8/30/13 he had right knee arthroscopy, synovectomy of the right and left knee, chondroplasty, and partial menisectomies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative laboratory test, chest x-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back-preoperative testing, general.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACR Appropriateness Criteria, routine admissin and preoperative chest radiography.

Decision rationale: MTUS and ODG do not have recommendations on pre-operative chest x-ray. According to the US Dept. of Health and Human Service- AHRQ Guidelines cited above:

chest radiography is not recommended for routine preoperative evaluations in low risk patients undergoing low risk surgeries. The available evidence does not support a policy for performing routine admission or preoperative chest radiographs for all patients. Although there is no evidence showing that such a policy would lead to worse outcomes for patients, the finding that only 2% of chest radiographs lead to a change in management of patients suggests a high level of cost and inconvenience with potentially limited benefits. Because of the lack of adequate prospective studies, particularly studies that deal with the effect of admission and preoperative chest radiographs on patient outcome, a recommendation from the American College of Radiology that these studies not be obtained may be premature. Given the current evidence, routine preoperative and admission chest radiographs are not recommended except when the following conditions exist: Acute cardiopulmonary disease is suspected on the basis of history and physical examination. There is a history of stable chronic cardiopulmonary disease in an elderly patient (older than age 70) without a recent chest radiograph within the past six months. Knee surgery is considered low risk. There is no mention of cardiac or pulmonary risk factors, family history, abnormal chest exam findings or prior surgical risks. As a result "routine" pre-operative chest x-ray is not medically necessary.

Pre-operative medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back-preoperative testing, general

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Guidelines for pre-operative cardiac risk assessment and perioperative cardiac management in non-cardiac surgery

Decision rationale: