

<b>Case Number:</b>	CM13-0022602		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	10/14/2011
<b>Decision Date:</b>	01/22/2014	<b>UR Denial Date:</b>	08/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2013

### 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 Orthopedic Surgery 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.

### 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 claimant is a 61-year-old gentleman who was injured June 25, 2010. Specific to his right knee, clinical records in this case indicate a January 30, 2013 operative report indicating a right total knee arthroplasty. There is indication at present that current recommendations are for a left total joint arthroplasty. The most recent clinical assessment of August 20, 2013 indicates the claimant's right knee is noted to be improved with examination demonstrating motion to greater than 90 degrees and radiographs demonstrating no interval change in position of arthroplasty. He was diagnosed with advanced arthritis to the left knee. Treatment recommendations at that time were documented to show request for a Vasotherm rental for the right knee for 30 days as well as a continued rental of a CPM device for the right knee for an additional 30 days. Further follow-up of October 6, 2013 with [REDACTED] indicated that the claimant's right knee was now with 110 degrees range of motion, which was improved from time of a postoperative manipulation under anesthesia that occurred on June 17, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Request for consultation for pre-operative medical clearance lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA 2007 Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 Independent Medical Examinations and Consultations, page 127

**Decision rationale:** Based on California ACOEM Guidelines, the role of preoperative medical clearance would not be indicated. There would be no current indication for the role of preoperative assessment from a consultation point of view given the lack of documentation of need or support for operative intervention in this case. The specific request for preoperative medical clearance for the claimant's requested lumbar spine procedure would not be medically indicated.