MAXIMUS Federal Services

Case Number:	CM13-0044744		
Date Assigned:	12/27/2013	Date of Injury:	01/14/2011
Decision Date:	03/27/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/07/2013

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, has a subspecialty in Emergency Medicince, 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:

This 36 year old female injured her right knee on 1/14/2011, had arthroscopic surgery performed and has persistent pain despite medication. She is scheduled for repeat arthroscopic right knee surgery with a diagnosis of possible recurrent meniscus tear. A pre-operative consultation/evaluation, ECG, chest Xray, 6 special reports to the PTP,collection of blood by venipuncture and urine drug testing have been performed and a retrospective review for certification has been requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 office consultation for a new or established patient: 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 Pre-operative surgical general information and ground rules, CA OMFS 1999, pages 22-93.

Decision rationale: MTUS does not apply in this case. Other guidelines cited state that pre-operative evaluations are considered part of the global surgical procedure and are the responsibility of the operating surgeon. A specialty consultation may be requested if there are

significant co-morbidities, however in this case none are identified and non-certification of the retrospective request for this service is not recommended.

1 Electrocardiogram, routine ECG with at least 12 leads, with interpretation and report: 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 on Perioperative Cardiovascular Evaluation and care for Non Cardiac Surgery. American College of Cardiology Foundation, Medical Specialty Society. American Heart Association, Professional Association. 1996 Mar 15 (revised 2007 Oct). 83 pages.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA 2007 Guidelines, AHA1996, 83 pages.

Decision rationale: MTUS does not apply in this case. Other guidelines cited state that a pre-operative 12 lead ECG with interpretation and report may be indicated if the patient is 55 or older or if there are significant co-morbidities or if the patient is symptomatic, however in this case none are identified and the proposed surgery is relatively low-risk. Non-certification of the retrospective request for this service is not recommended.