

Case Number:	CM13-0053310		
Date Assigned:	12/30/2013	Date of Injury:	09/18/2002
Decision Date:	03/12/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/05/2013

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 Occupational Medicine, and is licensed to practice in North Carolina and New York. 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:

The claimant is a 51-year-old man, injured 9/18/02, who was approved for right knee arthroscopy to excise a fibrous nodule. He has knee pain and crunching, especially when climbing stairs. He had a right TKA 5/11/11. He is s/p Synvisc injections. 4/9/13 x-ray shows right knee TKA, satisfactory. He also has chronic low back pain and is s/p epidural steroid injections. On 10/14/13 he was diagnosed with patellar clunk syndrome and possible ligament laxity in the right knee following arthroplasty. Other medical conditions include obesity, renal cysts, and tobacco dependence. Other orthopedic issues include lateral epicondylitis, carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-Op EKG between 10/4/2013 and 12/16/2013: Overturned

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 Davison, D Pre-operative evaluation in the Institute for Clinical Systems Improvement

Decision rationale: There was no guidance available in the MTUS or the ODG for pre-operative testing. The reviewer found guidance by Davison, D Pre-operative evaluation in the Institute for Clinical Systems Improvement. One of the criteria listed for EKG was a smoker. His smoking status makes him more at risk to cardiopulmonary disease, and EKG is appropriate for pre-operative evaluation.

Pre-Op Chest X-Ray between 10/4/2013 and 12/16/2013: Overturned

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 Davison, D Pre-operative evaluation in the Institute for Clinical Systems Improvement

Decision rationale: There was no guidance available in the MTUS or the ODG for pre-operative testing. The reviewer found guidance by Davison, D Pre-operative evaluation in the Institute for Clinical Systems Improvement. One of the criteria listed for CXR was new or unstable pulmonary disease. His smoking status makes him more at risk to cardiopulmonary disease, and chest x-ray is appropriate for pre-operative evaluation.