

Case Number:	CM13-0054204		
Date Assigned:	12/30/2013	Date of Injury:	05/04/2001
Decision Date:	11/05/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/04/2013

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. The expert 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 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/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 60 year old female with an industrial injury dated 5/24/01. The patient is status post a right knee arthroscopic surgery. Medical records reviewed. Exam note dated 10/15/13 demonstrates complaints of right knee pain. The patient explains that the knee buckles leading to her having difficulty at work. Upon physical exam there was no tenderness or joint instability in the left lower extremity. The right lower extremity had evidence of effusion and crepitus. Range of motion was limited to 5'-85'. The patient was stable with 4/5 motor strength. There was evidence of well healed scars along the right lower extremity. Diagnosis is noted as internal derangement, osteochondral fracture, general arthritis, and ligamentous tear. Treatment includes a right knee arthroscopy and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Preoperative Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx>

Decision rationale: The California MTUS and Official Disability Guidelines are silent on the issue of preoperative clearance. Alternative guidelines were referenced. The guidelines state that patients greater than age 40 require a CBC; males require an ECG if greater than 40 and female is greater than age 50; this is for any type of surgery. In this case the claimant is 60 years old and does not have any evidence in the cited records from 10/15/13 of significant medical comorbidities to support a need for preoperative clearance. Therefore, this request is not medically necessary.