

Case Number:	CM14-0008438		
Date Assigned:	02/19/2014	Date of Injury:	10/07/2013
Decision Date:	06/24/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/21/2014

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 Texas. 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 injured worker is a 24-year-old male who reported an injury on 10/07/2013, due to misstepping on a large rock causing him to roll inwards and twist his right ankle and right knee. The clinical note dated 11/07/21032 presented the injured worker with right knee pain. The injured worker's physical exam to the right knee revealed lateral jointline tenderness, positive patellofemoral grind test, and patellofemoral tenderness. The injured worker's treatment includes acetaminophen, tramadol, and Relafen. The injured worker's diagnoses were rule out internal derangement right knee, and right knee sprain/strain. The provider recommended pre-op clearance. The request for authorization form was not included in the medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRE-OP CLEARANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, CHAPTER 13, 346-347

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Preoperative Labs

Decision rationale: The request for pre-op clearance is non-certified. The Official Disability Guidelines state pre-op additional tests are excessively ordered with little or no interference in preoperative management. Laboratory tests are not good standardized screening instruments for disease. The decision to order preoperative tests should be guided by a patient's clinical history and physical examination findings. The provider's rationale for pre-op clearance is unclear. The request did not specify the specific testing being requested. Therefore, the request is non-certified.