

Case Number:	CM14-0010891		
Date Assigned:	01/29/2014	Date of Injury:	08/06/2003
Decision Date:	02/04/2014	UR Denial Date:	01/17/2014
Priority:	Expedited	Application Received:	01/28/2014

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 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.

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 patient has a date of injury of August 6, 2003. The patient underwent left total knee arthroplasty on July 31, 2012 and developed an infection in the knee. She had removal of prosthesis and placement of cement spacer. This surgery was done in December 2013. The patient is prepared to undergo left total knee revision. She was seen on January 13, 2014 where an aspirate revealed no growth of organisms.

IMR ISSUES, DECISIONS AND RATIONALES

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

URGENT pre-op lab testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back, Preoperative Lab Testing and Preoperative electrocardiogram.

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 Lab Testing.

Decision rationale: This patient underwent treatment for infected total knee arthroplasty. The patient's knee is now noted to be aseptic and ready for revision total knee arthroplasty. The patient recently had surgery in December 2013. While preoperative testing is necessary prior to revision total knee surgery, there is no medical evidence in the chart that suggest that this testing needs to be done on urgent basis. Revision knee surgery is a routine operation, and

preoperative testing can be performed routine basis. On January 14, 2014 labs were drawn to include WBC, CRP. The patient that we needs to have a BMP, CBC, and urinalysis preoperatively. There is no documentation of cardiac issues to warrant cardiac clearance. In addition, the patient does not require repeat EKG and chest x-ray because there were recently performed for a prior procedure.

URGENT chest x-ray and EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Preoperative Lab Testing and Preoperative electrocardiogram.

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 Lab Testing and Preoperative electrocardiogram.

Decision rationale: The patient recently underwent surgery on December 3, 2013. A chest x-ray and EKG were performed at that time. Repeat chest x-ray and EKG are not medically needed at this time for revision surgery.