

Case Number:	CM14-0018167		
Date Assigned:	04/16/2014	Date of Injury:	07/31/2003
Decision Date:	05/27/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/09/2014

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 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 52-year-old gentleman who was injured on July 31, 2003. Records indicate injury to the low back for which he is status post multiple surgical processes including fusion. In regards to the claimant's left knee, he is with a current diagnosis of advanced degenerative arthritis for which plain film radiographs of January 10, 2013 showed severe narrowing of the medial compartment with bone on bone changes and osteophyte formation. Follow up report of October 11, 2013 indicates the claimant had just exited a detoxification program for prescription opioid medications in relation to his low back complaints. His chief complaint at that time was for left knee pain with described limited range of motion which was painful, tenderness to palpation and positive crepitation. Surgical intervention in the form of a right total knee arthroplasty was recommended on that date. Further assessment on December 9, 2013 indicated a height of 5 foot 5 inches and a weight of 265 pounds with limited range of motion and pain. There is documentation of failed conservative care including injectables.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHEST X-RAY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CALIFORNIA MTUS ACEOM, CHAPTER 7, 127.

Decision rationale: Based on California ACOEM Guidelines the role of chest x-ray would not be indicated as the role of operative intervention in this individual has not been established. There is no documentation that the surgery has been approved or will be performed. This would negate the need for any preoperative assessment.

ELECTROCARDIOGRAM: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CALIFORNIA MTUS ACEOM, CHAPTER 7, 127.

Decision rationale: Based on California ACOEM Guidelines the role of EKG would not be indicated as the role of operative intervention in this individual has not been established. There is no documentation that the surgery has been approved or will be performed. This would negate the need for any preoperative assessment.