MAXIMUS Federal Services

Case Number:	CM14-0116073		
Date Assigned:	08/04/2014	Date of Injury:	02/14/2009
Decision Date:	09/22/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/24/2014

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 69 year old male who reported an injury on 02/14/2009 due to a fall. The injured worker had diagnoses of severely comminuted tibia plateau fracture with extension into the shaft, status-post open reduction and internal fixation on 02/27/2009, limited motion to left knee, bucket-handle lateral meniscal tear status post open repair on 02/27/2009, possible post traumatic arthritis of left knee, malunion with rotational deformity of left tibia approximately 10 degrees, Diabetes and exogenous obesity. Prior treatments were not indicated within the documentation. Diagnostic testing included a three phase bone scan which was performed on 02/21/2014, a CT scan which was performed on 05/23/2013, and an x-ray which was performed on 02/17/2014. Surgical history included status-post open reduction and internal fixation of left tibia on 02/27/2009. The clinical note dated 06/13/2014 noted the injured worker complained of left lower extremity pain mainly over the knee rated 7/10. The injured worker utilized a single point cane to ambulate and a shoe lift. The injured worker had an antalgic gait. Physical exam findings included multiple small pin-sized holes breaking of the skin without active drainage. Range of motion demonstrated the injured worker had flexion of 50 degrees, and extension of 10 degrees with pain. Medications included Aspirin 325 mg tablet, Atenolol 25mg tab, Metformin Hcl 500mg tab. The treatment plan was for medical pre-operative clearance. The request for authorization form was submitted 06/13/2014. The rationale for the request was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical Pre Operative Clearance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation. 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 Official Disability Guidelines (ODG) Low back, Preoperative testing, general.

Decision rationale: The request for medical pre-operative clearance is not medically necessary. The Official Disability Guidelines state preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. The patient does take a cardiac medication and requires follow up with a cardiologist and the appropriate testing prior to surgical clearance as mentioned in the guidelines. However, there is a lack of documentation indicating the injured worker has been approved for surgery and the surgery has been scheduled in the near future. The submitted request does not indicate the specific preoperative tests being requested; therefore, the medical necessity of the preoperative clearance cannot be established. There is lack of documentation that supports the pre-operative criteria, therefore the request is not medically necessary.