

Case Number:	CM14-0123767		
Date Assigned:	08/08/2014	Date of Injury:	09/24/2008
Decision Date:	09/11/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/05/2014

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:

This is a 53-year-old gentleman who was injured on 09/24/08. Records for review indicate continued complaints of pain about the left knee. He is with a current working diagnosis of arthritis to the left knee. The injury occurred after a slip and fall at work. Previous MRI report of 10/26/12 showed marked medial compartment degenerative change with loss of cartilage. The claimant has been treated conservatively with most recent clinical report of 06/27/14 showing continued complaints of pain about the knee with positive medial joint line tenderness, negative McMurray's testing, no instability and restricted motion at endpoints. There is no clear documentation of prior conservative care. There is no documentation of this individual's body mass index. The request was for operative intervention to include arthroplasty for the individual's diagnosis of osteoarthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Labs- Chem 20, CBC & 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) ACOEM OMPG (Second Edition, 2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: The Expert Reviewer based his/her decision on the Non-MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7; Independent Medical Examinations and Consultations, Page 127. The Expert Reviewer's decision rationale:Based on California ACOEM Guidelines, "The role of preoperative laboratory testing to include a chemistry panel and EKG would not be supported." This individual gives no history of underlying cardiac issues or abnormalities to support the role of electrocardiogram. Furthermore, recent request for surgical process has been denied. Without documentation of the need for operative intervention to the left knee, there would also be no indication for preoperative assessment to include laboratory testing and electrocardiogram. Therefore the request for Outpatient Labs is considered not medically necessary.