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| <b>Case Number:</b>   | CM14-0131304 |                              |            |
| <b>Date Assigned:</b> | 08/20/2014   | <b>Date of Injury:</b>       | 07/15/2004 |
| <b>Decision Date:</b> | 10/09/2014   | <b>UR Denial Date:</b>       | 08/01/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/15/2014 |

### 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 Pennsylvania. 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 57-year-old male construction worker who sustained a vocational injury on July 15, 2004. The Utilization Review Determination dated April 2, 2014 certified a left unicompartmental knee replacement but did not certify right knee arthroscopy with meniscectomy and chondroplasty. This review is for preoperative testing to include hemogram, BMP, urinalysis, EKG and chest x-ray.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Testing to include Hemogram, BMP, UA, EKG, and Chest X-ray:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2006 Jul. 33 p: (37 references).

**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); Chapter 7, page 127. Citation(s): Harris J, Occupational Medicine Practice Guidelines, 2nd Edition (2004) - pp. 127 Hegmann K, Occupational Medicine Practice Guidelines, 2nd Ed (2008 Revision) - pp. 503.

**Decision rationale:** The California ACOEM Guidelines do not support the request for preoperative hemogram, BMP, urinalysis, EKG and chest x-ray. The Utilization Review determination #1077206 did not authorize the request for right knee arthroscopy for meniscectomy and chondroplasty as medically necessary. In light of the fact the requested surgery is not medically necessary, the request for preoperative hemogram, BMP, urinalysis, EKG and chest x-ray also would not be medically necessary.

**Pre-op Clearance consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 edition, pages 92-93

**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) Chapter 7, page 127. Harris J, Occupational Medicine Practice Guidelines, 2nd Edition (2004) - pp. 127 Hegmann K, Occupational Medicine Practice Guidelines, 2nd Ed (2008 Revision) - pp. 503.

**Decision rationale:** The California ACOEM Guidelines do not support the request for preoperative medical clearance consultation as medically necessary. The Utilization Review determination #1077206 did not authorize the request for right knee arthroscopy for meniscectomy and chondroplasty as medically necessary. In light of the fact the requested surgery is not medically necessary, the request for preoperative medical clearance consultation is also not be medically necessary.

**12 Post-op Physical Therapy sessions for the right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The California ACOEM Guidelines do not support the request for twelve postoperative physical therapy sessions as medically necessary. The Utilization Review determination #1077206 did not authorize the request for right knee arthroscopy for meniscectomy and chondroplasty as medically necessary. In light of the fact the requested surgery is not medically necessary, the request for postoperative physical therapy is also not be medically necessary.