

<b>Case Number:</b>	CM14-0135859		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	03/10/2014
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 60 year-old male who reported a work related injury on 03/10/2014 due to stepping off a construction truck. The diagnoses consisted of end stage medial patellofemoral arthritis. Past treatment has included home health nursing assistance, in-home physical therapy, and injections. The diagnostic studies consisted of an x-ray of the left knee on 04/02/2014 which revealed severe tricompartmental arthritis to the left knee. No pertinent surgical history was provided. Upon examination on 05/08/2014, the injured worker complained of left knee pain. He stated the pain was present most of the time and worsened when going up and down stairs, kneeling, squatting, standing, walking, and standing for long periods of time. His knee was also noted to lock, pop, swell, and buckle. Muscle strength was noted to be 5/5 with excellent stability. There was 3+ tenderness to the medial joint line with +2 patellofemoral crepitation. The injured worker was noted to be prescribed anti-inflammatories; the specific medication was not provided for review. The treatment plan included physical therapy, temporary disability, MRI of the left knee, ultrasound guided injections, and home health nursing. The rationale for the request was for left knee osteoarthritis. The request for authorization form was submitted for review on 07/16/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consult and pre-op medical clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back for preop

**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 a consult and pre-op medical clearance is not medically necessary. The injured worker complained of left knee pain. His knee was also noted to lock, pop, swell, and buckle. Muscle strength was noted to be 5/5 with excellent stability. There was 3+ tenderness to the medial joint line with +2 patellofemoral crepitation. Surgical intervention was not determined to be necessary. The Official Disability Guidelines note the decision to order preoperative testing should be guided by the patient's history, comorbidities, and physical examination findings. The documentation submitted did not indicate a need for surgical intervention. There was also no clear clinical evidence supplied to illustrate pre-existing conditions that would require pre-operative medical clearance. As such, the request for a consult and pre-op medical clearance is not medically necessary.