

Case Number:	CM14-0138170		
Date Assigned:	09/05/2014	Date of Injury:	07/05/2006
Decision Date:	11/05/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/26/2014

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 60 years old claimant with reported industrial injury on 7/5/06. Exam note from 5/22/14 demonstrates complaints of worsening left knee pain despite medications. Physical examination demonstrates the left knee has a varus alignment. Range of motion to the left knee is noted to be 0-130 degrees with positive crepitus and pain. Knee is noted to be stable to varus and valgus stress. No evidence in the records of significant cardiac history. Negative anterior drawer is documented. Treatment plan is for a left total knee arthroplasty secondary to severe symptomatic left knee osteoarthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op Echocardiogram: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx>

Decision rationale: CA MTUS and ODG are silent on the issue of preoperative clearance. Alternative guidelines were therefore referenced.

<http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx>The web site states that patients greater than age 40 require a CBC; males require an ECG if greater than 40 and female is greater than age 50; this is for any type of surgery. In this case the claimant is 60 years old and does not have any evidence in the cited records from 5/22/14 of significant medical comorbidities to support a need for preoperative clearance. Therefore, the request is not medically necessary.