

Case Number:	CM14-0151631		
Date Assigned:	09/19/2014	Date of Injury:	06/11/2014
Decision Date:	11/25/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/17/2014

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 Sports Medicine 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:

The injured worker is a 54-year-old male who reported an injury on June 11, 2014 due to lifting a water heater. Diagnoses were lumbar degenerative disc disease, lumbar facet arthropathy and lumbar radiculitis. Physical examination on June 26, 2014 revealed complaints of low back pain. The pain was rated anywhere from a 5/10 to a 10/10. The pain reported to radiate into both lower extremities, left more than right, down to the calf. It was reported that the pain decreased with rest and medications. Medications were metformin, simvastatin, lisinopril, amlodipine, hydrochlorothiazide, tramadol and baclofen. MRI of the lumbar spine revealed mild to moderate degenerative disc disease at the L3-4, L4-5 and L5-S1. MRI of the left knee revealed medial meniscus posterior horn and body complex tears, lateral meniscus posterior horn radial tear with probable displaced fragment seen just above the lateral tibial spine, complex long standing rupture of the ACL, posterior cruciate ligament mucoid degeneration and likely associated high grade sprains, and scattered areas of tricompartmental joint space chondromalacia. Examination revealed flexion of the lumbar spine was to 40 degrees, extension was to 25 degrees, and lateral flexion was to the right 25 degrees and to the left 20 degrees. Straight leg raise test was negative in the supine and sitting position. Positive facet loading on extension at L5-S1, L4-5 on the left side. There were no focal sensory or motor deficits in the lower extremities. The treatment plan was for physical therapy or chiropractic therapy. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-Operative Clearance with Labs and an Electrocardiogram: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the primary procedure was not considered medically necessary in IMR case CM14-0151645, the request for this associated surgical service is also not medically necessary.