MAXIMUS Federal Services

Case Number:	CM14-0171435		
Date Assigned:	10/23/2014	Date of Injury:	06/29/2000
Decision Date:	12/02/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/16/2014

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 General 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 63 year old female sustained an injury on 6/29/00. Per a progress note dated 9/4/14, Dental surgery is pending. She is an elderly morbidly obese female who ambulated with a single-point cane (SPC) with an antalgic gait favoring the right lower extremity. She has multiple diagnoses including near syncope, falls, slurred speech, pulmonary disease secondary to inhalation of toxic fumes, pedal edema, disability related to lumbar spine problems, and obstructive sleep apnea. There is a statement that stated "await dental work"... "Await pain management consult"...Need to rule out transient ischemic attack (TIA) or partial seizure, defer to primary care physician (PCP) for possible neurology referral."

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to cardiologist for preoperative medical clearance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principles of Internal Medicine, 18th Edition, 2011, pages 38-42.

Decision rationale: According to the guideline, "The role of the medical consultant is to determine the presence of known or unrecognized comorbid disease or other factors that may increase risk of morbidity or mortality from baseline. Given the very low risk of complications among healthy patients undergoing surgery, additional clinical evaluation only rarely identifies patients at higher than average risk. A careful screening history and physical examination are the most important parts of the preoperative assessment of patients who report that they are healthy." The pre-operative evaluation requested is not medically necessary as there is not documentation of what surgery is planned or anticipated. The 9/4/14 progress note is neither clear as to what was going to be nor when. There is also not an indication that a surgical procedure has been authorized. Therefore, the request for pre op medical clearance is denied for lack of medical necessity.