

Case Number:	CM14-0182350		
Date Assigned:	11/07/2014	Date of Injury:	09/28/1986
Decision Date:	12/12/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/03/2014

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 47-year-old male tram operator sustained an industrial injury on 9/28/1986. Injury occurred when he fell off the tram stool, was knocked into the tire and fender, and ejected into the parking lot landing on asphalt. He sustained significant nerve and tendon damage to the right knee and underwent reconstructive surgery on 9/29/86. Additional right knee surgeries were performed through 1989 with continued drop foot and on-going pain. He subsequently underwent right total knee replacement in June 2012. He developed an infection in the right knee requiring hospitalization on 3/4/13 for 4 days, and again on 3/18/13 for 5 days. Past medical history was positive for diabetes and obesity (body mass index 35.9 as of 4/23/14). The 7/25/14 right knee x-rays documented right total knee replacement with good alignment. The 7/25/14 nuclear medicine study impression documented findings suggestive of prosthetic knee implant loosening and/or infection. The 9/29/14 treating physician report cited constant right knee pain with locking. The patient was attending physical therapy without benefit and ambulating with a cane. Pain was grade 5/10 with Percocet use. Physical exam documented antalgic and bent knee gait, no specific tenderness, warmth to touch, 5/5 flexion/extension strength, and range of motion 20-70 degrees. There were no findings of instability and patellar tracking was normal. The treating physician reported right knee failure with apparent loosening and severe arthrofibrosis. Authorization was request for revision total knee arthroplasty. The 10/13/14 utilization review certified a request for revision right total knee arthroplasty. The requests for pre-operative diagnostic testing, including chest x-ray and EKG, were denied as there were no documentation that the patient was at high-risk for intraoperative or post-operative cardiac complications or had a history of cardiovascular or cerebrovascular disease. The request for pre-operative lab work including complete blood count, comprehensive metabolic panel, prothrombin time/partial thromboplastin time, and urinalysis) was denied as there was no documented indication that the

patient was at increased risk of anemia or had a history of anemia or bleeding, or had a history of renal disease, electrolyte abnormalities, anti-coagulant use, or urologic pathology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Services: Pre operative diagnostic examination (Chest X-ray, and electrocardiogram): Overturned

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

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: Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38; ACR Appropriateness Criteria® routine admission and preoperative chest radiography. Reston (VA): American College of Radiology (ACR); 2011. 6 p

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines state that routine pre-operative chest radiographs are not recommended except when acute cardiopulmonary disease is suspected on the basis of history and physical examination. Guidelines state that an EKG may be indicated for patients with known cardiovascular risk factors or for patients with risk factors identified in the course of a pre-anesthesia evaluation. Guideline criteria have been met. Middle-aged diabetic males with large habitus have known occult increased cardiovascular and cardiopulmonary risk factors to support the medical necessity of a pre-procedure Chest X-Ray and EKG. Therefore, this request is medically necessary.

Associated Surgical Services: Preoperative laboratory work (complete blood count, comprehensive metabolic panel, prothrombin time/partial thromboplastin time, urinalysis): Overturned

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

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: Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that most laboratory tests are not necessary

for routine procedures unless a specific indication is present. Indications for such testing should be documented and based on medical records, patient interview, physical examination, and type and invasiveness of the planned procedure. Guidelines criteria have been met. Middle aged diabetic males with large habitus have known occult increased medical risk factors. Guideline criteria have been met based on patient age, long-term use of non-steroidal anti-inflammatory drugs, diabetes, body mass index, magnitude of surgical procedure, recumbent position, fluid exchange and the risks of undergoing anesthesia. Therefore, this request is medically necessary.