

Case Number:	CM14-0030382		
Date Assigned:	06/25/2014	Date of Injury:	12/17/2011
Decision Date:	10/16/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/10/2014

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 Louisiana. 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 patient is a 50 year old male who was injured on 12/17/2011 when he fell off a ladder. Prior treatment history has included physical therapy which has not been helpful. Diagnostic studies reviewed include x-rays of knees (date unknown) revealed severe degenerative joint disease with narrowing of the anterior and medial compartments. There were medial-sided marginal osteophytes and subchondral sclerosis. Orthopedic note dated 12/17/2013 states the patient presented with continued severe pain. He reported he cannot walk for more than a half block. He is reportedly taking Celebrex and Norco. On exam, both knees revealed 15 degrees of varus. He requires the use of a cane for maximal assistance. He has a very slow gait. Medial joint lines are tender with soft tissue swelling. There is mild laxity of the lateral collateral ligament and on the left side ACL. He is diagnosed with bilateral knee, severe pain secondary to degenerative joint disease and status post bilateral knee arthroscopies. The patient is noted to have failed his knee arthroscopies and he is having progressive symptoms affecting his function. He has been recommended for bilateral total knee arthroplasties and preoperative clearance and history and physical is being requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chest X-Ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://emedicine.medscape.com/article/285191-overview#a30> - 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: <http://www.nhlbi.nih.gov/health/health-topics/topics/cxray/>

Decision rationale: The California Medical Treatment Utilization Schedule and Official Disability Guidelines do not address pre-operative laboratory studies, chest X-ray, and electrocardiogram. The [REDACTED] article indicates that hemoglobin level is recommended for major surgery in individuals over 65 years old, and serum creatinine level is indicated for individuals older than 50. Chest X-rays are indicated for individuals older than 60, and electrocardiogram is indicated for high-risk surgery or intermediate-risk surgery and with at least one risk factor. This patient is 50-years of age and the patient is not undergoing a high-risk surgery. In addition, there are no high risk factors for cardiac events documented that would warrant the requested procedures. The request for chest X-ray is not medically necessary.

Electrocardiogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://emedicine.medscape.com/article/285191-overview#a30> - 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: <http://emedicine.medscape.com/article/1894014-overview>

Decision rationale: The California Medical Treatment Utilization Schedule and Official Disability Guidelines do not address pre-operative laboratory studies, chest X-ray, and electrocardiogram. The [REDACTED] article indicates that hemoglobin level is recommended for major surgery in individuals over 65 years old, and serum creatinine level is indicated for individual's older than 50. Chest X-rays are indicated for individuals older than 60, and electrocardiogram is indicated for high-risk surgery or intermediate-risk surgery and with at least one risk factor. This patient is 50-years of age and the patient is not undergoing a high-risk surgery. In addition, there are no high risk factors for cardiac events documented that would warrant the requested procedures. The request for electrocardiogram is not medically necessary.

Laboratory Studies.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://emedicine.medscape.com/article/285191-overview#a30> - 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: <http://emedicine.medscape.com/article/285191-overview>

Decision rationale: The California Medical Treatment Utilization Schedule and Official Disability Guidelines do not address pre-operative laboratory studies, chest X-ray, and electrocardiogram. The [REDACTED] article indicates that hemoglobin level is recommended for major surgery in individuals over 65 years old, and serum creatinine level is indicated for individual's older than 50. Chest X-rays are indicated for individuals older than 60, and electrocardiogram is indicated for high-risk surgery or intermediate-risk surgery and with at least one risk factor. This patient is 50-years of age and the patient is not undergoing a high-risk surgery. In addition, there are no high risk factors for cardiac events documented that would warrant the requested procedures. The request for laboratory studies is not medically necessary.