

<b>Case Number:</b>	CM14-0035083		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	04/21/2008
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2014

### 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 Occupational 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:

This is a 50 year old male with a 4/21/08 date of injury. The mechanism of injury was not provided. He has suffered from repetitive left knee medial pain. On 12/30/13, the patient noted medial, anterior, and lateral left knee pain with associated swelling. The symptoms had been worsening, and he was unable to tolerate prolonged walking, standing, or cycling. It was noted that the last Synvisc injections provided a positive lasting effect. Objective exam findings included left knee varus deformity (2 degrees) with an antalgic gait, inability to fully extend his knee at heel strike, anterior and medial joint line tenderness, and positive patellofemoral crepitus. Active left knee range of motion was 0 to 135 degrees. Left knee x-rays demonstrated loss of medial joint space with a height of 2 mm compared to 5 mm on the contralateral side. Diagnostic impression was osteoarthritis of the left knee. Treatment to date includes 4 viscosupplement injections left knee, left knee cortisone injections, medication management, physical therapy, left knee arthroscopy (2008). A previous UR decision dated 3/7/14 denied the request for pre-op clearance on the basis that there was not a clear documentation of the type of surgery to be performed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Special service/proc/report - Pre op clearance:** 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) ,

Treatment Index, 12th Edition (web0, 2014 Low Back Chapter Preoperative electrocardiogram (ECG), Preoperative testing, general.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): ODG (Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter-Pre operative EKG and Lab testing.

**Decision rationale:** California MTUS does not address this issue. ODG states that pre-op testing can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. In the present case, the nature of the proposed surgery is not documented as part of the request. In a progress note dated 12/30/13, the treating physician does mention the need for a left total knee arthroplasty. However, if this is how the physician wishes to proceed, a formal request for this surgery must be made along with the secondary requests of pre-op clearance, chest x-ray, and labs. Therefore, the request for Special service/proc/report - Pre op clearance is not medically necessary.

**Chest X-ray special views:** 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), Treatment Index, 12th Edition (web), 2014, Low Back Chapter, Preoperative electrocardiogram (ECG), Preoperative testing, general.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): ODG (Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter-Pre operative EKG and Lab testing.

**Decision rationale:** California MTUS does not address this issue. ODG states that pre-op testing can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. In the present case, the nature of the proposed surgery is not

documented as part of the request. In addition, there is documentation that a chest x-ray (2 views) was already performed on 3/10/14, and there were no abnormal findings. Therefore, the request for chest x-ray, special views, is not medically necessary.

**Pre- op labs ( CBC, BMP, PT/PTT) - Hemoglobin:** 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), Treatment Index, 12th Edition (web), 2014 Low Back Chapter, Preoperative electrocardiogram (ECG), Preoperative testing, general.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): ODG (Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter-Pre operative EKG and Lab testing.

**Decision rationale:** California MTUS does not address this issue. ODG states that pre-op testing can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. In the present case, the nature of the proposed surgery is not documented as part of the request. The request for pre-op labs cannot be approved until the proposed surgery is evaluated and approved. Therefore, the request for Pre- op labs (CBC, BMP, PT/PTT) - Hemoglobin is not medically necessary.