

Case Number:	CM14-0037934		
Date Assigned:	06/25/2014	Date of Injury:	10/19/2013
Decision Date:	09/17/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/28/2014

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:

The patient is a 67 year old male who was injured on 10/19/2013. The mechanism of injury is unknown. Prior medication history included Celebrex, Ibuprofen, and Ambien. He has been treated conservatively physical therapy. Progress report dated 02/27/2014 indicates the patient presented for a follow-up for left knee pain. The patient's condition is slightly worsening and has severe pain. He also experiences mechanical symptoms including grinding as he has had left knee surgery. He reported he is unable to sleep due to the pain. He stated Celebrex helps alleviates his pain. On exam, patient had full of the right lower extremity. The knee revealed full range of motion and no abnormality. The left knee revealed tenderness at the knee, audible crepitus with pain, mild effusion and edema. Range of motion of the left knee is 0-105 secondary to pain. Neurologically, he is intact bilaterally lower extremities. Diagnoses are medial meniscus tear, left knee, osteoarthritis of the left knee, low back pain with radicular symptoms. The patient is recommended for a total knee arthroplasty based on lack of response to conservative treatment including physical therapy, injections, and activity modification. Prior utilization review dated 03/07/2014 states the request for Pre-op labs is denied as the surgical procedure has been denied ;(methicillin-resistant Staphylococcus aureus) MRSA screen is denied as there is no indication warranting this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op labs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Chapter.

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.umchealthsystem.com/PreOpLabGuidelines.html><http://www.aafp.org/afp/2013/0315/p414.html><http://www.ncbi.nlm.nih.gov/books/NBK48482/>.

Decision rationale: This is a request for preoperative labs prior to left knee replacement surgery for a 67-year-old male with history of back pain and left knee osteoarthritis. The patient is prescribed Ibuprofen and Ambien. There is no mention of other significant past medical history such as diabetes or cardiac, pulmonary or renal disease. ODG guidelines recommend preoperative testing based on history, examination findings and type of surgery. There are several other guidelines that take a similar position. Based on knee replacement surgery and the patient's age, a complete blood count and test of renal function is probably indicated. However, no specific rationale is provided for the requested labs. The specific labs requested are not defined. Medical necessity is not established for "pre-op" labs, but complete blood count and renal function tests are medically necessary.

MRSA screen: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Infectious Diseases, MRSA Other Medical Treatment Guideline or Medical Evidence:
<http://labtestsonline.org/understanding/analytes/mrsa/tab/test><http://www.aaos.org/news/aaosnow/apr11/clinical9.asp><http://www.ncbi.nlm.nih.gov/pubmed/23307666>.

Decision rationale: This is a request for MRSA screen prior to left knee replacement surgery for a 67-year-old male with history of back pain and left knee osteoarthritis. MTUS and ODG guideline do not address this issue. An online literature search shows that MRSA screening is controversial given questionable outcomes. However, literature suggests that patients undergoing total joint replacement should be screened and treated for MRSA prior to surgery. Medical necessity is established.