

Case Number:	CM14-0042673		
Date Assigned:	06/30/2014	Date of Injury:	05/06/2010
Decision Date:	11/07/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/09/2014

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 Family Medicine, and is licensed to practice in Arizona. 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:

Patient is 51 year old male with a date of injury on 5/6/10. Subjective complaints are of left knee pain that has not improved. Physical exam shows tenderness over the medial and lateral joint lines, positive crepitation, and positive chondromalacia. Patient was recommended for a TKA. The surgery was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgical Internal Medicine 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 Low Back Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127 and on the Official Disability Guidelines (ODG) Pain, Office Visits and Other Medical Treatment Guideline or Medical Evidence: Acc/aha 2007 guidelines Perioperative Cardiovascular Evaluation.

Decision rationale: Guidelines recommend preoperative cardiovascular evaluation and care for non-cardiac surgery in patients that are over 50 years of age. This patient is 51 year old and

guidelines would recommend history and physical and cardiac evaluation to determine risk status for surgery. ACOEM guidelines indicated that consultation can be obtained to aid in diagnosis, prognosis, therapeutic management, and determination of medical stability. The ODG recommends office visits are determined to be medically necessary. For this patient the recommended surgery was not certified, therefore the need for medical clearance would not be indicated. Therefore, the requested preoperative medical clearance is not medically necessary.

EKG And EKG Interpretation - [REDACTED] : Upheld

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

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: Acc/aha 2007 guidelines Perioperative Cardiovascular Evaluation

Decision rationale: Guidelines recommend perioperative cardiovascular evaluation and care for non-cardiac surgery in patients that are over 50 years of age. This patient is a 51 year old and guidelines would recommend history and physical and cardiac evaluation to determine risk status for surgery. For this patient the recommended surgery was not certified, therefore the need for a preoperative EKG would not be indicated. Therefore, the requested EKG is not medically necessary.

Each Additional 30 Min: 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 (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 127 and on the Official Disability Guidelines (ODG) Pain, Office Visits and Other Medical Treatment Guideline or Medical Evidence: Acc/aha 2007 guidelines Perioperative Cardiovascular Evaluation.

Decision rationale: Guidelines recommend preoperative cardiovascular evaluation and care for non-cardiac surgery in patients that are over 50 years of age. This patient is 51 year old and guidelines would recommend history and physical and cardiac evaluation to determine risk status for surgery. ACOEM guidelines indicated that consultation can be obtained to aid in diagnosis, prognosis, therapeutic management, and determination of medical stability. The ODG recommends office visits are determined to be medically necessary. For this patient the recommended surgery was not certified, therefore the need for medical clearance would not be indicated. Therefore, the requested additional 30 minutes of evaluation is not medically necessary.