

Case Number:	CM14-0067719		
Date Assigned:	07/11/2014	Date of Injury:	11/12/2001
Decision Date:	09/16/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/12/2014

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 Nevada. 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 records presented for review indicate that this 67-year-old female was reportedly injured on November 12, 2001. The mechanism of injury is noted as reaching for a box and straining the back. The most recent progress note, dated February 25, 2014, is incomplete. A previous note dated January 28, 2014, indicates that there are ongoing complaints of neck pain radiating to both shoulders as well as right knee pain. The physical examination demonstrated tenderness along the cervical spine paraspinal muscles and trapezius. There was decreased cervical spine range of motion and a normal upper extremity neurological examination. Physical examination of the knee indicated tenderness at the lateral compartment and peripatellar edema. There was increased tenderness with full flexion. Trigger point injections for the cervical spine were given. X-rays of the right knee indicated spurring at the patella femoral and medial compartments of the knee. An MRI of the right knee also revealed arthritic changes of the patellofemoral joint and an oblique tear of the lateral meniscus. Previous treatment is unknown. A request had been made for preoperative clearance and was not certified in the pre-authorization process on April 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-Operative Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, pages 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic, Preoperative Clearance, Updated August 22, 2014.

Decision rationale: A review of the attach medical record does not indicate that a right knee surgery has been scheduled or approved. Considering this, the request for preoperative clearance is not medically necessary.