

Case Number:	CM14-0076620		
Date Assigned:	07/18/2014	Date of Injury:	04/27/2010
Decision Date:	09/16/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/27/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 59-year-old female with a 4/27/10 date of injury, and status post left knee partial medial meniscectomy, chondroplasty, and synovectomy 7/23/11, status post left ankle arthroscopy with debridement and osteochondral drilling 2/22/13. At the time (5/14/14) of the Decision for Pre-operative Medical Clearance and Chest x-ray, there is documentation of subjective (not specified) and objective (tender at synovial plica and medial joint) findings, imaging findings (Right Knee MRI (4/21/14) report revealed posterior horn medial meniscal tear, chondromalacia patellae, medial plica, large baker's cyst, and small joint effusion), current diagnoses (other symptoms referable to joint), and treatment to date (medications (including Ultram, Flexeril, Prilosec and Gabapentin), physical therapy, and acupuncture). 5/14/14 medical report identifies there is documentation of a surgery for right knee arthroscopy that is certified/authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative Medical Clearance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Guidelines on Preoperative Cardiovascular Evaluation and Care for Noncardiac Surgery(<http://corc.ahajournals.org/egi/content/full/116/17/e418>).

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 Chapter, Preoperative lab testing.

Decision rationale: MTUS does not address this issue. ODG identifies that preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. Within the medical information available for review, there is documentation of a diagnosis of other symptoms referable to joint. In addition, there is documentation of a surgery for right knee arthroscopy that is certified/authorized. Therefore, based on guidelines and a review of the evidence, the request for Pre-operative Medical Clearance is medically necessary.

Chest x-ray: Overturned

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 Official Disability Guidelines (ODG) Low Back Chapter, Preoperative lab testing.

Decision rationale: MTUS does not address this issue. ODG identifies that preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. Within the medical information available for review, there is documentation of a diagnosis of other symptoms referable to joint. In addition, there is documentation of a surgery for right knee arthroscopy that is certified/authorized. Therefore, based on guidelines and a review of the evidence, the request for Chest x-ray is medically necessary.