MAXIMUS Federal Services

Case Number:	CM14-0078762		
Date Assigned:	07/18/2014	Date of Injury:	06/17/2009
Decision Date:	09/11/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/29/2014

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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 injured worker is a 61year old gentleman who developed right knee pain after being involved in a motor vehicle accident on 06/17/09. The medical records provided for review include a 04/18/14 progress report noting ongoing intermittent right knee complaints, lateral in nature with occasional locking. Physical exam showed 0-115 degrees range of motion actively with tenderness both medially and laterally, positive McMurray's testing and positive crepitation. The report documented that the claimant had failed non-operative care, and arthroscopy with medial and lateral meniscectomy and chondroplasty was recommended. The report of an MRI scan dated 01/19/14 demonstrated medial meniscal tearing with a complex tear of the posterior horn of the lateral meniscus. There was no documentation of significant or underlying osteoarthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative CBC, Basic Metabolic Panel, Prothrombin, and Partial Thromboplastin time: 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 - Lumbar & thoracic (Acute & Chronic) Preoperative lab testing.

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 Independent Medical Examinations and Consultations, page 127 Introduction.

Decision rationale: The California ACOEM Guidelines would support the role of preoperative testing in this case. This individual is to undergo surgical arthroscopy of the knee that would require anesthesia. Therefore, preoperative testing would be appropriate for this individual's surgical process and anesthesia, and is therefore medically necessary.

Right Knee Arthroscopy with Medial and Lateral Meniscectomy and Chondroplasty: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines : Knee & Leg (Acute & Chronic) Indications for surgery -Meniscectomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345.

Decision rationale: The California ACOEM Guidelines would support the role of medial and lateral meniscectomy. This individual has an MRI scan demonstrating complex tearing to both the medial and lateral meniscus with parameniscal cyst formation and a physical examination demonstrating mechanical complaints and positive McMurray's testing. Given the clinical correlation between the claimant's physical examination, subjective complains and imaging, the role of surgical process would be supported. Therefore the requested treatment is medically necessary.

Pre-operative Chest x-ray: 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 - Lumbar & Thoracic (Acute & Chronic) (updated 03/31/2014) Preoperative testing general.

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 Independent Medical Examinations and Consultations, page 127 Introduction.

Decision rationale: The California ACOEM Guidelines would not support the role of preoperative assessment to include a chest x-ray and EKG. At present, this individual has no underlying co-morbid condition that would necessitate the need for a chest x-ray or echocardiogram assessment prior to operative procedure. Therefore, the request is not medically necessary.

Pre-operative Electrocardiography: 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 - Lumbar & Thoracic (Acute & Chronic) (updated 03/31/2014) Preoperative testing general.

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 Independent Medical Examinations and Consultations, page 127 Introduction.

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