

<b>Case Number:</b>	CM14-0094083		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	05/19/2012
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	05/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 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:

54 year old claimant with reported industrial injury noted on 5/19/12. Complaint is made of right knee pain. MRI right knee from 1/29/13 demonstrates complex tear of medial meniscus with a large radial tear in the posterior horn. Report is made of severe cartilage loss in the patella and medial compartment. Exam note 3/25/14 demonstrates limited range of motion in the left knee from 0-120 degrees. Report is made of injections into the right knee and physical therapy without lasting benefit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medical 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, Preoperative Testing.

**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: [brighamandwomens.org](http://brighamandwomens.org).

**Decision rationale:** CA MTUS and ODG are silent on the issue of preoperative clearance. Alternative guidelines were therefore referenced. [Brighamandwomens.org](http://Brighamandwomens.org) recommends

preoperative clearance for those patients with general medical conditions undergoing intermediate risk procedures such as total knee arthroplasty. In this case the records do not demonstrate any evidence in the cited records to support a need for preoperative clearance. Therefore determination is for not medically necessary.

**EKG:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Preoperative Testing.

**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: brighamandwomens.org.

**Decision rationale:** CA MTUS and ODG are silent on the issue of preoperative clearance and specifically EKG. Alternative guidelines were therefore referenced. Brighamandwomens.org states that patients greater than age 40 require a CBC; males require an ECG if greater than 40 and female is greater than age 50. In this case the claimant is 54 years old and meets criteria for ECG. Therefore the request is medically necessary.

**Lab Work: Chem 7:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC: Preoperative Testing.

**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: brighamandwomens.org.

**Decision rationale:** CA MTUS and ODG are silent on the issue of preoperative clearance. Alternative guidelines were therefore referenced. Brighamandwomens.org Recommends preoperative lab work for intermediate risk types of surgery such as a total knee arthroplasty. In this case the claimant meets medical necessity for a Chem 7. Therefore the request is medically necessary.

**Lab Work: PT/PTT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Preoperative Testing.

**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: brighamandwomens.org.

**Decision rationale:** CA MTUS and ODG are silent on the issue of preoperative clearance. Alternative guidelines were therefore referenced. Brigham and women's.org Recommends preoperative lab work for intermediate risk types of surgery such as a total knee arthroplasty. However, there is no need for coagulation studies as there is no evidence of clotting disorders in the cited records. Therefore Lab Work: PT/PTT is not medically necessary.