

Case Number:	CM13-0033609		
Date Assigned:	12/06/2013	Date of Injury:	04/07/2000
Decision Date:	01/27/2015	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/10/2013

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 Minnesota. 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 49-year-old male with a history of trimalleolar fracture of the left ankle status post open reduction and internal fixation on 4/7/2000. Documentation from September 2013 indicated subjective complaints of pain in the left ankle associated with occasional swelling and stiffness. There was difficulty with certain activities like running, going up and down stairs repetitively or using a ladder. On examination minimal swelling was noted. There was some limitation of motion documented. He had undergone arthroscopy to remove a bony osteophyte on the posterior medial aspect that had recurred. There was evidence of posttraumatic degenerative arthritis of the left ankle. Hardware had been removed. Additional arthroscopic surgery was approved. The disputed issue is a request for preoperative medical clearance for the arthroscopy. This was noncertified by utilization review stating that there was no documentation provided showing that there was any comorbidity that could necessitate an internal medicine consultation for clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-Operative Internal Medicine Clearance in Connection with Authorized Left Ankle Arthroscopic Surgery: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.guideline.gov/content.aspx?id=38289>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Low back, Topic: Preoperative testing, general; criteria for preoperative electrocardiogram

Decision rationale: California MTUS guidelines do not address this issue. ODG guidelines indicate the orthopedic surgical procedures are classified as intermediate risk surgical procedures with the exception of endoscopic procedures and ambulatory procedures which are low risk surgical procedures. The guidelines also indicate that preoperative testing should be guided by the patient's clinical history, comorbidities, and physical examination findings. Testing should generally be done to confirm a clinical impression and tests should affect the course of treatment. Based upon guidelines a history and physical examination should be performed preoperatively to assess the surgical risk. If there are comorbidities appropriate consultation and testing will be indicated. Review of the available medical records indicates no significant comorbidities. The physical examination at the time of the previous surgery was negative and review of systems did not reveal any comorbidity. The arthroscopic procedure for the ankle is a low risk endoscopic ambulatory procedure. In light of the above, the request is not medically necessary.