MAXIMUS Federal Services

Case Number:	CM14-0189276		
Date Assigned:	11/17/2014	Date of Injury:	03/30/2004
Decision Date:	01/06/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/10/2014

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:

According to the records made available for review, this is a 59-year-old male with a 3/20/04 date of injury. At the time (9/30/14) of request for authorization for chest x-ray, pre-op labs (CBC, CMP, PT, PTT, UA), and 3 in 1 commode, there is documentation of subjective (left knee pain) and objective (swollen left knee with varus deformity, tenderness over the medial joint line with palpable osteophytes, negative McMurray's sign, and negative patellar grind) findings, current diagnoses (severe degenerative arthritis of the left knee), and treatment to date (medications and physical therapy). Medical report identifies a left knee total arthroplasty that has been authorize/certified; and that the patient has a history of hypertension.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chest x-ray: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC (last updated 08/22/2014); Pre-Operative Testing; Regarding Chest Radiography

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, Pre-Operative Lab Testing.

Decision rationale: MTUS does not address this issue. ODG identifies that preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, and 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 severe degenerative arthritis of the left knee. In addition, there is documentation of a left knee total arthroplasty that is authorized. Therefore, based on guidelines and a review of the evidence, the request for chest x-ray is medically necessary.

Pre-op labs (CBC, CMP, PT, PTT, and UA): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC (updated 08/22/2014); Pre-Operative Testing

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, Pre-Operative Lab Testing.

Decision rationale: MTUS does not address this issue. ODG identifies that preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, and 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 severe degenerative arthritis of the left knee. In addition, there is documentation of a left knee total arthroplasty that was authorized. Therefore, based on guidelines and a review of the evidence, the request for pre-op labs (CBC, CMP, PT, PTT, and UA) is medically necessary.

3 in 1 commode: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC Knee and Leg Procedure Summary last updated 10/07/14; Durable Medical Equipment (DME).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Durable Medical Equipment (DME).

Decision rationale: MTUS does not address the issue. ODG identifies documentation that the patient is bed- or is room-confined and the commode is prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations of the knee and leg, as criteria necessary to support the medical necessity of a 3-in-1 commode. Within the medical information available for review, there is documentation of a diagnosis of severe degenerative arthritis of the left knee. In addition, given documentation of a left knee total arthroplasty that has been authorized/certified, there is documentation that the patient will be bed- or will be

room-confined. Furthermore, there is documentation that the commode is prescribed as part of a medical treatment plan for conditions that result in physical limitations of the knee. Therefore, based on guidelines and a review of the evidence, the request for 3 in 1 commode is medically necessary.