MAXIMUS Federal Services

Case Number:	CM14-0195537		
Date Assigned:	12/03/2014	Date of Injury:	11/09/2006
Decision Date:	01/23/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/21/2014

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, has a subspecialty in ENTER SUBSPECIALTY 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:

51 year old claimant has a reported industrial injury of 11/9/06. Exam note 5/2/14 demonstrates right knee pain. Pain is noted with standing more than 40 minutes and walking longer than 20 minutes. Objective findings include a blood pressure of 122/76 and pulse of 75. Right knee range of motion is 5 degrees to 120 degrees. Exam note 10/24/14 demonstrates recent right knee arthroscopy and meniscectomy performed October 2013. Exam demonstrates positive McMurray's testing with 5-110 degrees range of motion and no evidence of effusion. Exam note demonstrates left knee medial compartment joint space narrowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical services: Pre-op clearance (H&P, CBC, CMP, EKG, and Chest X-ray): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS ACOEM OMPG Chapter 7 Independent Medical Examinations and Consultations page 127(Second Edition, 2004), and on the Official Disability Guidelines (ODG).

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: http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx.

Decision rationale: CA MTUS and ODG are silent on the issue of preoperative clearance. Alternative guidelines were therefore referenced. http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx, 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; this is for any type of surgery. In this case the claimant is 51 years old and does not have any evidence in the cited records from 10/24/14 of significant medical comorbidities to support a need for preoperative clearance. Therefore, the requested pre-op clearance is not medically necessary and appropriate.