

<b>Case Number:</b>	CM14-0197857		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	07/20/2007
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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:

This injured worker is a 57-year-old female with a date of injury of 07/20/2007, and the mechanism of injury was not provided. Her diagnoses included degenerative joint disease and knee pain. Her past treatments were not included in the documentation. Diagnostic studies included x-rays on 06/04/2014 of the pelvis, bilateral knees, standing and lateral right knee. X-rays of the left knee show a well done left rotating platform and right knee shows tricompartmental disease, much worse medially. Her surgical history includes a left total knee arthroplasty on 10/16/2012, 64 cardiac ablations and gastric bypass. The patient presented on 11/10/2014 for her preop evaluation for the scheduled right knee arthroplasty. Her past medical history does include a diagnosis of atrial fibrillation. The physical exam findings of the right knee showed range of motion lacks 10 degrees from complete extension with pain during range of motion and crepitus, tenderness to palpation over the right medial joint line, extension 45 degrees of flexion. Physical examination showed a female patient that ambulates with the use of an assistive device and a BMI of 32.54. Her medications include Pristiq, Celebrex, Premarin, Singular, Levothyroxine, Compazine, Zantac, Norco, Imitrex, Topamax, Pataday, Alvesco, Prilosec, trazodone, Ambien, Flonase, and Rythmol. The treatment plan was to have the arthroplasty of the knee. The request is for preop medical clearance/chest x-ray/EKG, and the rationale is if all labs are normal then we will proceed with the surgery on 11/25/2014. The Request for Authorization form was not included with the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-Op Medical Clearance/ Chest X-Ray/ EKG: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**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, Preoperative electrocardiogram (ECG) and Preoperative testing

**Decision rationale:** The request is for pre-op medical clearance/ chest x-ray/ EKG. The injured worker presented for her preoperative medical evaluation. The Official Disability Guidelines recommend preoperative EKGs for patients undergoing high risk surgery and those undergoing intermediate risk surgery who have additional risk factors. The criteria for intermediate risk factor procedures include orthopedic surgery and preoperative EKG is recommended for patients with known cardiovascular disease, peripheral arterial disease, or congestive heart disease. The documentation submitted shows the patient has a history of atrial fibrillation and is currently taking the medication Rythmol for the atrial fibrillation. The injured worker also has a surgical history of 64 cardiac ablations and gastric bypass. The guidelines additionally state that chest x-rays are reasonable for patients at risk for postoperative pulmonary complications if the results would change perioperative management. The patient has a history of allergic rhinitis and is taking several medications for it. As such, the request for pre-op medical clearance/ chest x-ray/ EKG is medically necessary.