

Case Number:	CM14-0198664		
Date Assigned:	12/09/2014	Date of Injury:	07/23/2012
Decision Date:	03/12/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	11/26/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery

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 55 year old male with a date of injury of July 23, 2012. Results of the injury include low back pain and bilateral knee pain. Diagnosis include chronic low back pain, history of right knee surgery in 2013, and chronic left knee pain. Treatment has included Norco, exercise, and lumbar epidural steroid injections without relief. Magnetic Resonance Imaging (MRI) scan of the left knee revealed findings suspicious for a small tear along the free edge of the anterior horn of the medial meniscus. The lateral meniscus is intact. No ligamentous tear is noted. X-rays of the right knee showed early degenerative joint disease of the patellofemoral joint in the right knee. MRI of the lumbar spine dated August 24, 2012 showed compression fracture at L2 disc desiccation with disc height loss at L4-L5-S1. There is prominent annular tear at L4-L5-S1. Posterior disc protrusion at L4-L5-S1. Progress report dated November 4, 2014 revealed tenderness to palpation down the medial aspect of the left knee. Work Status was noted as sedentary work only. The treatment plan included Norco, hydrocortisone cream, preoperative evaluation with EKG for cardiac clearance, and a urine drug screen. Utilization review form dated November 17, 2014 non certified Pre-op EKG for cardiac clearance due to noncompliance with Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre op EKG for cardiac 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, Low Back, Preoperative Electrocardiogram.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back, Preoperative testing

Decision rationale: CA MTUS/ACOEM is silent on the issue of preoperative clearance and testing. ODG, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. ODG states, "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." The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high risk surgery and those undergoing intermediate risk surgery who have additional risk factors. Patients undergoing low risk surgery do not require electrocardiography. Based on the information provided for review, there is no indication of any of these clinical scenarios present in this case. In this case the patient is a healthy 55 year old without comorbidities or physical examination findings concerning to warrant preoperative testing prior to the proposed surgical procedure. Therefore the determination is for non-certification.