

Case Number:	CM14-0198818		
Date Assigned:	12/09/2014	Date of Injury:	07/23/2012
Decision Date:	02/12/2015	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. The expert reviewer is Board Certified in Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of July 23, 2012. In a Utilization Review Report dated November 17, 2014, the claims administrator failed to approve a request for a preoperative evaluation for medical clearance purposes. The applicant was reportedly using Norco and Percocet. The applicant had issues with both chronic knee and low back pain. The attending provider noted that the applicant had had knee MRI imaging on September 30, 2014 demonstrating a small tear of the anterior horn of the medial meniscus. The claims administrator seemingly denied the request on the grounds that the proposed knee surgery had also apparently been denied. The claims administrator referenced a progress note dated November 4, 2014 in its determination. The applicant's attorney subsequently appealed. In an August 11, 2014 progress note, the applicant reported ongoing complaints of low back and right knee pain. The applicant reported difficulty with standing, walking, and various other forms of activities. The applicant was having difficulty sleeping. The applicant was not working. The applicant had superimposed issues with hypertension, depression, and anxiety for which the applicant was using Norco and Naprosyn. Acupuncture, knee MRI imaging, and an orthopedic knee surgery consultation were endorsed. In the review of systems section of the note of this date, the applicant reported issues with chest pain, angina, and/or shortness of breath with minimal exertion. On November 4, 2014, the applicant reported persistent complaints of knee pain. The applicant had apparently consulted a knee surgeon who had endorsed arthroscopic knee surgery. The applicant was still using Norco and Percocet for pain relief. A preoperative evaluation with EKG for cardiac clearance purposes was sought. In a June 26, 2014 spine surgery note, the applicant's spine surgeon noted that the applicant was off of work, on total temporary disability. The spine surgeon suggested that the applicant might also require a lumbar decompression surgery owing

to ongoing issues with neurogenic claudication. In an October 30, 2014 knee surgery consultation, the applicant's orthopedic surgeon suggested moving forward with a left knee chondroplasty, microfracture, lateral release procedure, synovectomy, and meniscectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative evaluation for medical clearance: Overturned

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=48408>

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 183.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 13 (on the knee) does not address the topic of preoperative clearance, the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 183 notes that careful preoperative education of the applicant regarding expectations, complications, and short- and long-term sequelae of surgery is "recommended." Here, the applicant is apparently considering and/or contemplating either a knee and/or knee lateral release surgery, synovectomy, chondroplasty, etc., and/or lumbar decompressive surgery. The applicant has a known history of hypertension, anxiety, and depression. The applicant also reported issues with chest pain, angina, and/or exertional dyspnea on an August 2014 Doctor's First Report (DFR), referenced above. Obtaining a preoperative evaluation to objectify the applicant's preoperative risk factors is, thus, indicated here. Therefore, the request is medically necessary.