MAXIMUS Federal Services

Case Number:	CM14-0201684		
Date Assigned:	12/12/2014	Date of Injury:	11/07/2004
Decision Date:	01/28/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/02/2014

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 Family Practice 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 injured worker is a 65 year old with a date of injury of November 7, 2004. Results of the injury include pain to the left knee, back, and right heel. Diagnosis include lumbar strain, status post right total knee arthroplasty, loosening of the left unicompartmental knee arthroplasty, and compensatory pain, gluteus maximus and plantar fasciitis. Treatment has included 14 physical therapy treatments that were helpful. Current medications were noted as nifedipine, atorvastatin, levothyroxine, meclizine, metformin, alendronate, Lisinopril, and hydrocodone. Diagnostic studies were unavailable. Progress report dated November 26, 2014 showed hip range of motion intact. There was tenderness at the gluteus medius and hamstring. There was tenderness at the base of the right calcaneus as well as pain with dorsiflexion of the foot. Left knee range of motion was limited and was associated with crepitation. There was tenderness noted throughout the lumbar spine. Work status was noted as to remain off of work. Treatment plan included possible surgery and to continue taking Naprosyn and Vicoden. Utilization review form dated November 13, 2014 denied Pre-op medical clearance without cited guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pre-op labs and Other Medical Treatment Guideline or Medical Evidence: AAFP and Pre-operative testing March 2013 ,AHA guidelines for Pre-op testing.

Decision rationale: According to the American Academy of Family Physicians, pre-op labs are recommended for high-risk surgeries in high-risk patients. ECG, Chest x-ray are often standard tests but do not change peri-operative management. The claimant had prior surgeries without complications. Pre-operative clearance from those surgeries may be helpful. In addition, the pre-op clearance details were not specified. A systemic review in quoted in the AAFP guideline cited above notes there is no evidence to support pre-operative testing. Based on the above, the request for pre-op clearance is not medically necessary.