

Case Number:	CM14-0207181		
Date Assigned:	12/19/2014	Date of Injury:	01/31/2008
Decision Date:	03/10/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/10/2014

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:

This 71 year old male sustained an injury on January 31, 2008. The mechanism of injury was not included in the provided medical records. The UR noted the injured worker had slipped and fallen when he was struck by a forklift. He injured bilateral hands and knees. The diagnoses and results of the injury included right knee sprain/strain with torn anterior cruciate ligament repair, possible medial and lateral meniscus injury, and chondromalacia. Other diagnoses included status post cervical vertebrae surgery, thrombophlebitis and pulmonary emboli. The left anterior cruciate ligament repair was torn. Past treatment included x-rays, MRI, repair of the left anterior cruciate ligament 1998; the injured worker sustained another injury at work, which interrupted the repair. An MRI revealed a complete tear of the reconstruction, moderate to severe degenerative arthritis of bilateral knees, and possible meniscus tears of the left knee. Additionally, past treatment included knee braces, and proton pump inhibitor and pain medications. On August 15, 2014, the injured worker underwent a left total knee arthroplasty. Postoperatively, treatments included rest with leg elevation, ice therapy, CPM (continuous passive motion), home physical therapy, home health aide, and a commode. On October 3, 2014, the treating orthopedic physician noted the injured worker was 6 weeks status post left total knee arthroplasty. The injured worker reported minimal knee pain, was walking without external support, and had completed physical therapy. The physical exam revealed minimal knee swelling, a well-healed incision, mildly decreased range of motion, and satisfactory stability. The neurovascular exam was intact. X-rays of the knee revealed adequate alignment. Current medication included a non-steroidal anti-inflammatory and proton pump inhibitor medications.

The physician recommended a gradual increase in activity daily. On October 23, 2014, the treating physician noted some left knee pain after surgery. The pain improved with bike exercises and non-steroidal anti-inflammatory medication. The physical exam revealed a healed left knee incision and able to fully extend his knee and flex to at least 90 degrees. The treatment plan was to request authorization for a right total knee arthroplasty, continuing positive-op exercise for the left knee, and remain off work. On December 2, 2014, Utilization Review non-certified a request for preoperative medical clearance, preoperative labs CBC (complete blood count), CMP (complete metabolic profile), PT (prothrombin time), PTT (partial prothrombin time), and UA (urinalysis), and EKG (electrocardiogram) requested on November 20, 2014. The preoperative medical clearance, preoperative labs (CBC, CMP, PT, PTT, UA), and EKG were non-certified based on the available information and the fact that the requested total knee arthroplasty was non-certified; the requested treatments are not medically supported. The ACOEM (American College of Occupational and Environmental Medicine) guideline, Special Studies chapter 2 was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Pre-op medical clearance, pre-op labs, EKG: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

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 71 year old with a request for a total knee replacement. Medical necessity has been demonstrated for the requested preoperative medical clearance with labs and EKG. Therefore the determination is for certification. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur.