

Case Number:	CM14-0214587		
Date Assigned:	01/02/2015	Date of Injury:	09/26/2011
Decision Date:	03/03/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	12/23/2014

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:

40 year old male claimant with reported industrial injury of 9/26/11. Comprehensive orthopedic re-evaluation dated 09/24/13 demonstrates low back, left hip and left knee pain. Claimant is 3 months status post left knee arthroscopy with medial meniscectomy. Orthopedic surgical consultation report dated 12/05/14 indicates that the claimant complains of pain in the left knee claimant using a brace and Advil. The claimant had left knee anthroscopy in 2013. The claimant has had physical therapy, upon examination, abduction test, Apleys grinding test, and McMurrays test with anterior rotation are positive for the left knee. Left knee range of motion measured flexion at 90 deg, extension at 5 deg, internal rotation at 20 deg, and external rotation at 10 deg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Services: Pre-operative Internal medicine 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 (ODG)- TWC Knee and Leg Chapter

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

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 in the exam note of 12/5/14, there is no indication of any of these clinical scenarios present in this case. In this case the patient is a healthy 40 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.