

Case Number:	CM14-0217300		
Date Assigned:	01/07/2015	Date of Injury:	02/18/2011
Decision Date:	08/10/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/29/2014

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 (IW) is a 56-year-old male who sustained an industrial injury on 02/18/2011. He reported chronic severe knee pain for many years from repetitive work. The injured worker was diagnosed as having chondromalacia left knee with patellofemoral compartment (trochlea), and meniscal tear medial and lateral diagnosed in part by MRI studies (07/11/2013) confirming severe medial compartment chondromalacia and patellofemoral chondromalacia involving the trochlear. The worker had Synvisc to the left knee (07/ 31/2013). Treatment to date has included left knee arthroscopy in 2003, right knee arthroscopy in 2005, and left knee arthroscopic surgery 11/21/2014. Currently, the injured worker is in physical therapy and complains of difficulty walking, stairs, squatting, sit-stand transfer and recreational activity. Symptoms reach 8/10 at the worst, and are typically 4/10 at rest. He is evaluated on 12/02/2014 for the right knee. He has a medial meniscus tear of the right knee. On 12/02/2014, a surgical request was made for right knee diagnostic/operative arthroscopic meniscectomy vs. repair, possible debridement and or chondroplasty. Requests for authorization were made for the following: 1. Right knee diagnostic/operative arthroscopic meniscectomy vs. repair, possible debridement and or chondroplasty. 2. Post-Operative physical therapy (right knee) (2x6), 3. Pre-Op Medical Clearance (CBC, CMP, PT/PTT, HEP PANEL, HIV PANEL, U/A, EKG, Chest X-Ray), and 4. Knee Brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-Op Medical Clearance (CBC, CMP, PT/PTT, HEP PANEL, HIV PANEL, U/A, EKG, Chest X-Ray): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Guidelines for pre-operative cardiac risk assessment and perioperative cardiac management in non-cardiac surgery. The Task Force for Preoperative Cardiac Risk Assessment and Perioperative Cardiac Management in Non-cardiac Surgery of the European Society of Cardiology (ESC) and endorsed by the European Society of Anesthesiology (ESA). European Heart Journal (2009) 30, 2769.

Decision rationale: The claimant sustained a work injury in February 2011 and continues to be treated for right knee pain. When seen, right knee arthroscopy had been planned for 03/06/15. He was having ongoing right knee pain and discomfort. He had done well after prior left knee arthroscopic surgery. He was having right knee symptoms including aching, stiffness, catching, clicking, locking, and buckling. He was seen for a preoperative evaluation on 02/23/15. His past medical history was that of chronic back pain, bilateral knee pain, and insomnia. Authorization for preoperative testing including lab test, chest x-ray, and electrocardiogram were requested. The claimant's BMI was 31.2. Surgical interventions can be divided into low-risk, intermediate-risk, and high-risk groups. In this case, the claimant is obese but otherwise healthy and his past surgical history includes an uncomplicated left knee arthroscopy. Major orthopedic surgery is not being planned. He would likely be at low risk for the planned procedure. Medical clearance and the requested diagnostic testing are not medically necessary.