MAXIMUS Federal Services

Case Number:	CM15-0018378		
Date Assigned:	02/09/2015	Date of Injury:	03/12/2013
Decision Date:	04/24/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	01/30/2015

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:

The injured worker is a 35-year-old male who reported an injury on 03/12/2013. The mechanism of injury was not provided. The injured worker was noted to be approved for a diagnostic left knee arthroscopy, synovectomy, possible meniscectomy, and possible chondroplasty. The injured worker had x-rays and a physical examination to support the surgical intervention. The prior surgical history was stated to be none. The medications were stated to be none. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative medical clearance: Overturned

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
www.choosingwisely.org/?s=preoperative+surgical+clearance&submit=.

Decision rationale: Per the Society of General Internal Medicine Online, "Preoperative assessment is expected before all surgical procedures." The clinical documentation submitted for review indicated the injured worker was approved to undergo surgical intervention. As such, a medical clearance would be appropriate. 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. Given the above, the request for a preoperative medical clearance is medically necessary.

Pre-operative EKG (Electrocardiogram): 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) Low Back Chapter, Preoperative electrocardiogram (ECG).

Decision rationale: The Official Disability Guidelines indicate that an EKG is not necessary for low risk procedures, including arthroscopic procedures. There was a lack of documentation indicating the injured worker had exceptional factors to support the necessity for an EKG. There was a lack of documentation of a cardiac condition. Given the above, the request for a preoperative EKG (electrocardiogram) is not medically necessary.

Preoperative radiological examination of the chest, 2 views, frontal and lateral: 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) Low Back Chapter, Preoperative testing, general.

Decision rationale: The Official Disability Guidelines indicate that chest radiography is reasonable for injured workers at risk of postoperative pulmonary complications if the results would change perioperative management. The clinical documentation submitted for review failed to provide a rationale for the requested chest x-ray. There was a lack of documentation indicating the injured worker had a risk of postoperative pulmonary complications and that the results would change perioperative management. Given the above, the request for preoperative radiologic examination of the chest, 2 views (frontal and lateral) is not medically necessary.

Pre-operative laboratory testing: PFT (Pulmonary Function) Spirometry, including graphic record: 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) Pulmonary Chapter, Pulmonary function testing.

Decision rationale: The Official Disability Guidelines indicate that pulmonary function testing is recommended for the diagnosis and management of chronic lung disease. There was a lack of documentation indicating the injured worker had chronic lung disease. There was a lack of documentation indicating a necessity for the testing. Given the above, the request for preoperative laboratory testing: PFT (Pulmonary Function) spirometry, including graphic record is not medically necessary.

Associated surgical service: Mobi Leg Crutches, quantity: 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337.

Decision rationale: The American College of Occupational and Environmental Medicine indicates that crutches are appropriate for brief partial weightbearing as needed. The clinical documentation submitted for review indicated the injured worker was approved to undergo surgical intervention. Crutches would be appropriate postoperatively. 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. Given the above, the request for associated surgical service: Mobi leg crutches, quantity 2 is medically necessary.

Associated surgical service: Segmented gradient pressure pneumatic appliance, half leg, purchase: 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) Knee & Leg Chapter, Venous Thrombosis, Compression garments.

Decision rationale: The Official Disability Guidelines indicate that injured workers should be identified who are at high risk of developing venous thrombosis and should be provided prophylactic measures, such as consideration for anticoagulation therapy. Additionally, they indicate that compression stockings are appropriate for the prevention of deep venous thrombosis. There was a lack of documentation indicating the injured worker was at high risk for venous thrombosis and that compression stockings would not be appropriate. There was a lack of documentation indicating a necessity for a purchase of a segmented gradient pressure pneumatic appliance. Given the above, and the lack of documentation, the request for associated

surgical service: segmented gradient pressure pneumatic appliance, half leg, purchase is not medically necessary.