

Case Number:	CM15-0132846		
Date Assigned:	07/21/2015	Date of Injury:	02/24/2013
Decision Date:	08/17/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/09/2015

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: Emergency Medicine

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 56-year-old female, who sustained an industrial injury on 2/24/13. Initial complaint was of her right knee. The injured worker was diagnosed as having right knee pain; posterior horn of the medial meniscus tear' small joint effusion. Treatment to date has included medications. Diagnostics studies included MRI right knee (11/7/14). Currently, the PR-2 notes dated 6/8/15 indicated the injured worker is in the office for preoperative clearance and is scheduled to undergo a right meniscus tear repair. She has an MRI dated 11/7/14 indicating a right partial tearing of the medial gastroc muscle and tendon and tearing of the posterior horn of the medial meniscus. She has a clinical history of diabetes since 1995 and a one and a half pack per day smoker. She checks her blood sugars frequently although she reports randomly three times a week with morning fasting are in the range of 120 and post indicating recent reading of 459. Her medications are listed as Lisinopril 5mg every day, Glucophage 500mg twice a day and Glyburide 10mg twice a day. She reports she is unable to walk more than one block and unable to go up and down stairs due to her right knee pain. Her EKG was reported as normal. Her surgery has been postponed on a previous occasion for medical clearance. The provider notes she has uncontrolled diabetes based on fasting blood sugars, reported blood sugars and hemoglobin A1C. She is symptomatic and a urinalysis also has 3+ glycosuria. She is not cleared for surgery at this time and the provider is asking to see her again in one month for evaluate her blood sugar numbers. The provider is requesting authorization of additional Labs (unspecified) and an office visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Labs (unspecified): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://emedicine.medscape.com/article/285191-overview#a1>; Medscape: Preoperative Testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx>.

Decision rationale: The requested Labs (unspecified), is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS), the American College of Occupational and Environmental Medicine (ACOEM) Occupational Medicine Practice Guidelines, APG I Plus, 2009 and Official Disability Guidelines are silent regarding this request. <http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx> noted: "Patients greater than age 40 require a CBC; males require an ECG if greater than age 40 and females if greater than age 50; this is for any type of surgery. b. Patients having major neurosurgical, abdominal, orthopedic, thoracic, cardiac, or vascular surgery usually require an ECG, CXR, lytes, bun, creatinine, LFT's, and PT/PTT. Refer to the preoperative form for lab testing indications for less major procedures. c. Patients having artificial material inserted (e.g. joint replacements) require a urine analysis and culture. d. Patients less than age 40 who are not in categories b or c does not require laboratory testing." The injured worker is in the office for preoperative clearance and is scheduled to undergo a right meniscus tear repair. She has an MRI dated 11/7/14 indicating a right partial tearing of the medial gastroc muscle and tendon and tearing of the posterior horn of the medial meniscus. She has a clinical history of diabetes since 1995 and a one and a half pack per day smoker. She checks her blood sugars frequently although she reports randomly three times a week with morning fasting are in the range of 120 and post indicating recent reading of 459. The treating physician has not sufficiently documented the specific lab tests being requested nor their medical necessity. The criteria noted above not having been met, Labs (unspecified) is not medically necessary.

Office visit: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation ACOEM, Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx>.

Decision rationale: The requested Office visit is medically necessary. CA Medical Treatment Utilization Schedule (MTUS), the American College of Occupational and Environmental Medicine (ACOEM) Occupational Medicine Practice Guidelines, APG I Plus, 2009 and Official Disability Guidelines are silent regarding this request.

<http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx> noted: "Patients greater than age 40 require a CBC; males require an ECG if greater than age 40 and females if greater than age 50; this is for any type of surgery. b. Patients having major neurosurgical, abdominal, orthopedic, thoracic, cardiac, or vascular surgery usually require an ECG, CXR, lytes, bun, creatinine, LFT's, and PT/PTT. Refer to the preoperative form for lab testing indications for less major procedures. c. Patients having artificial material inserted (e.g. joint replacements) require a urine analysis and culture. d. Patients less than age 40 who are not in categories b or c do not require laboratory testing." The injured worker is in the office for preoperative clearance and is scheduled to undergo a right meniscus tear repair. She has an MRI dated 11/7/14 indicating a right partial tearing of the medial gastroc muscle and tendon and tearing of the posterior horn of the medial meniscus. She has a clinical history of diabetes since 1995 and a one and a half pack per day smoker. She checks her blood sugars frequently although she reports randomly three times a week with morning fasting are in the range of 120 and post indicating recent reading of 459. The treating physician has noted the medical necessity for pre- op clearance. The criteria noted above having been met, Office visit is medically necessary.