

<b>Case Number:</b>	CM15-0139114		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	05/21/2014
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 injured worker is a 52-year-old male who reported an industrial injury on 5/21/2014. The history noted a "specific injury" on 12/5/2013. His diagnoses, and or impression, were noted to include: right knee medial meniscal and anterior cruciate ligament tears. No magnetic imaging studies of the right knee were noted since 6/4/2014. His treatments were noted to include an agreed medical examination on 12/10/2014; a home exercise program; medication management; and retirement in 5/2014. The progress notes of 5/12/2015 reported constant right knee swelling with pain, with painful movement and giving-way of the knee joint. Objective findings were noted to include an antalgic gait, to the right, with use of a right knee brace; tenderness over the right knee popliteal space and over the lateral joint line; and the authorization for recommended right knee surgery. Physical examination of the right knee on 5/26/15 revealed positive Lachman, Drawer and McMurray's test. The physician's requests for treatments were noted to include medical clearance laboratories. Patient was certified for right knee arthroscopy on 6/17/15. The patient had received an unspecified number of the PT visits for this injury. The patient had used right knee brace for this injury. Any lab reports were not specified in the records specified

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medical clearance: HIV: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Preoperative Testing.

**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 (updated 07/17/15) Preoperative lab testing.

**Decision rationale:** Request Medical clearance: HIVACOEM/MTUS guideline does not specifically address this issue, Hence ODG used. As per cited guideline for Preoperative lab testing Recommended as indicated below. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Preoperative routine tests are appropriate if patients with abnormal tests will have a preoperative modified approach (i.e., new tests ordered, referral to a specialist or surgery postponement). Testing should generally be done to confirm a clinical impression, and tests should affect the course of treatment. (Feely, 2013) (Sousa, 2013) His diagnoses, and or impression, were noted to include: right knee medial meniscal and anterior cruciate ligament tears. The progress notes of 5/12/2015 reported constant right knee swelling with pain, with painful movement and giving-way of the knee joint. Physical examination of the right knee on 5/26/15 revealed positive Lachman, Drawer and McMurray's test. Patient was certified for right knee arthroscopy on 6/17/15. The pre operative lab test in form of Medical clearance: HIV is deemed medically appropriate prior to right knee arthroscopy since if the pt were to test positive it may affect the management of the pt. The request for Medical clearance: HIV in this patient is medically appropriate and necessary.

**Medical clearance: Hepatitis panel: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Preoperative Testing.

**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 (updated 07/17/15) Preoperative lab testing.

**Decision rationale:** Medical clearance: Hepatitis panel. ACOEM/MTUS guideline does not specifically address this issue. Hence ODG used. As per cited guideline for Preoperative lab testing recommended as indicated below. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Preoperative routine tests are appropriate if patients with abnormal tests will have a preoperative modified approach (i.e., new tests ordered, referral to a specialist or surgery postponement). Testing should generally be done to confirm a clinical impression, and tests should affect the course of treatment. (Feely, 2013) (Sousa, 2013) His diagnoses, and or impression, were noted to include: right knee medial meniscal and anterior cruciate ligament tears. The progress notes of 5/12/2015 reported constant right knee swelling with pain, with painful movement and giving-way of the knee joint. Physical examination of the right knee on 5/26/15 revealed positive Lachman, Drawer and McMurray's test. Patient was certified for right knee arthroscopy on 6/17/15. The pre operative lab test in form of Medical clearance: Hepatitis panel is deemed medically appropriate prior to right knee arthroscopy, since if the pt were to test positive it

would affect the preoperative management of the pt. The request for Medical clearance:  
Hepatitis panel in this patient is medically appropriate and necessary.