

Case Number:	CM15-0142729		
Date Assigned:	08/03/2015	Date of Injury:	12/11/2014
Decision Date:	08/31/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/23/2015

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: Preventive Medicine, Occupational 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 48 year old female patient who sustained an industrial injury on December 11, 2014. The injured worker is employed as a dietician. The accident is described as while working she slipped on a wet floor and fell with resulting injury to the right knee. The first report of illness dated December 15, 2014 reported subjective complaint of right knee and left arm and hand pains after having fallen on a wet floor at work. She rated the pain an 8 in intensity out of 10. The knee pain is aggravated with walking and is improved with rest. The objective assessment found the right knee with: tenderness top palpation on the right medial joint line with an effusion, and the left hand noted benign. Radiography study performed is with negative preliminary results. The patient was diagnosed with having a right knee or leg strain and sprain. She was dispensed orthotics a cane with crutches and a brace. She is prescribed Nabumetone, and Norflex, modified work duty and a course of physical therapy. The initial orthopedic evaluation with the patient's new physician primary dated June 30, 2015 reported the patient with subjective complaint of right knee pain. There is discussion regarding the previous prescriber and treater recommending surgical intervention. Previous treatment attempted included: injection, therapy session, time, activity modification, medications all without resolve of symptom. She is with continued persistent complaint of intermittent swelling of the right knee after activity. There is a pinching type sensation of her gait. Objective findings showed the patient with antalgic gait; intolerance to deep flexion; and tenderness along the lateral joint line. There is note of significant irritation during McMurray's maneuver. The assessment found the patient with lateral meniscal tear with mechanical findings on examination, agreeing subjective

complaints and supportive magnetic resonance imaging study. In addition, the patient has failed conservative measures of treatment. The plan of care is to proceed with surgery; specifically recommending a partial lateral meniscectomy. She is to continue with a modified work duty and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Service: EKG: 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 Perioperative protocol. Health care protocol. National Guideline Clearinghouse (NGC), Rockville MD, Agency for Healthcare Research and Quality (AHRQ).

Decision rationale: The MTUS and ODG do not address pre-operative testing, therefore, alternative guidelines were consulted. Per the cited guidelines, abnormal findings (noted on the preoperative basic health assessment) are results that require further evaluation to assess and optimize any surgical/anesthesia risk or cares. Further evaluation may be as simple as asking a few more questions, performing further physical examination, or ordering a laboratory or radiological exam. More in-depth evaluations may be needed, such as a consultation or cardiac stress testing. Most laboratory and diagnostic tests (e.g., hemoglobin, potassium, coagulation studies, chest x-rays, electrocardiograms) are not routinely necessary unless a specific indication is present and may be beyond the scope of this protocol. Other abnormal findings, though relevant to the patient's general health, may not have any impact on the planned procedure or the timing of the procedure. Evaluation and management of these incidental findings should follow standard medical practice and are beyond the scope of the protocol. Chest x-ray is recommended if the patient has signs or symptoms suggesting new or unstable cardiopulmonary disease. The following are recommended for preoperative EKG: 1) Perform electrocardiogram for all patients age 65 and over, within one year prior to procedure, 2) Electrocardiograms are not indicated, regardless of age, for those patients having cataract surgery, 3) Preoperative electrocardiograms are not recommended for patients undergoing other minimal risk procedures, unless medical history/assessment indicate high-risk patient. These guidelines recommend that patients should be identified perioperatively if they are an active carrier or have history of MDRO, such as MRSA, but laboratory screening without significant history is not supported by these guidelines. The injured worker is not reported to have significant history to support perioperative testing. In this case, the injured worker is only 48, therefore, a pre-operative EKG is not recommended. The request for associated service: EKG is determined to not be medically necessary.