

Case Number:	CM15-0161582		
Date Assigned:	08/28/2015	Date of Injury:	06/12/2013
Decision Date:	10/02/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/18/2015

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, North Carolina
 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 52 year old woman sustained an industrial injury on 6-12-2013. The mechanism of injury is not detailed. Evaluations include an undated left knee MRI. Diagnoses include left knee internal derangement and cervical and lumbar spine radiculitis. Treatment has included oral medications. Physician notes dated 7-7-2015 show complaints of bilateral knee pain, neck pain with radiation to the bilateral arms, and low back pain rated 9 out of 10. Recommendations include cervical and lumbar spine MRI, surgical intervention on the left knee, Omeprazole, and Ultram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chest x-rays: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

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 (preoperative testing).

Decision rationale: CA MTUS and ACOEM do not address preoperative chest x-rays. The ODG states that preoperative testing is often performed before surgical procedures. In this case, the claimant is to undergo a knee arthroscopy. These investigations can be helpful in stratifying risk, direct anesthetic choices and guide postoperative management, but are often obtained for reasons of protocol rather than medical necessity. The Decision to order preoperative testing should be guided by the patient's clinical history, co-morbidities and physical exam findings. In this case, the documentation provided for review does not reflect the possibility of postoperative pulmonary complications. It also does not state how the results of a chest x-ray would change peri-operative management. Therefore, the request for a preoperative chest x-ray is not medically necessary or appropriate.