

Case Number:	CM15-0188130		
Date Assigned:	09/30/2015	Date of Injury:	06/24/2002
Decision Date:	11/12/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/24/2015

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: Physical Medicine & Rehabilitation

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 74 year old male, who sustained an industrial injury on 06-24-2002. He has reported subsequent left knee pain and was diagnosed with cervical spondylosis, chronic left knee pain and advanced left knee lateral arthritis. Treatment to date has included pain medication, bracing, cervical epidural injection, physical therapy and a home exercise program which were noted to have failed to significantly relieve the pain. In a progress note dated 08-20-2015, the injured worker reported increasing left knee pain with pain with walking 1 block, night pain and pain with kneeling and squatting. Objective examination findings revealed decreased range of motion of the cervical spine, an antalgic gait, motion of the left knee from 15 to 120 degrees, 15 ml effusion, 2 out of 4 patellar crepitation, 2 out of 4 patellar mobility and 1 out of 4 lateral joint line tenderness. X-rays done that day were noted to show stable bone on bone lateral compartment arthritis with sclerosis and osteophytes. The physician noted that the injured worker was interested in proceeding with left total knee arthroplasty and indicated that the injured worker was a reasonable candidate for surgery once he had medical clearance and had demonstrated compliance and responsibility in physical therapy. A request for authorization of 1 pre-operative physical exam was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 pre-operative physical exam: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 edition, pages 92-93.

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 - Lumbar & Thoracic (Acute & Chronic) Chapter, under Pre-operative testing.

Decision rationale: The 75 year old patient complains of increasing left knee pain, as per progress report dated 08/31/15. The request is for 1 pre-operative physical exam. The RFA for this case is dated 08/28/15, and the patient's date of injury is 06/24/02. The patient is status post C4-C7 cervical fusion, status post lateral patellar release and partial laminectomy, and status post arthroscopy with microfracture, as per progress report dated 08/31/15. Diagnoses also included advanced left knee lateral arthritis with increasing symptoms and decreasing function, and post dental extraction of multiple dental caries increasing the risk of knee joint infection. Diagnoses, as per progress report dated 06/25/15, included chronic left knee pain due to severe osteoarthritis, cervical spondylosis, and radiating pain down the right arm. The reports do not document the patient's work status. With regards to medical clearance, ODG-TWC, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter states: "Preoperative testing, general: See Preoperative electrocardiogram (ECG); & Preoperative lab testing. Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography." As per progress report dated 08/31/15, the patient was diagnosed with advanced left knee arthritis almost a year ago but could not undergo the surgery due to dental caries. However, now the patient reports that all his teeth have been pulled and the dentist has cleared him for a knee replacement surgery. In the same report, the provider states that the patient is a surgical candidate for total knee replacement and they will proceed with the procedure once he has "medical clearance from his family doctor and dentist and have him go to physical therapy for total knee preparation." In the same report, the provider states the patient should demonstrate "compliance and responsibility in physical therapy." The Utilization Review denied the request as it appears that the provider will not proceed with the surgery until the patient has demonstrated compliance in pre-operative physical therapy "due to risk of post-surgical recovery," and the patient's compliance during PT has not been established. As per request for authorization letter dated 08/28/15, the patient's pre-operative lab work, EKG and chest x-ray will be arranged at the orthopedics' office. However, the patient will need pre-operative physical exam at the family doctor's office. There is no evidence that the patient's surgical intervention has been authorized. Additionally, it is not clear why the patient requires a specific pre-operative physical exam from the family doctor, especially since lab work, EKG and chest x-ray will be handled at the orthopedic office. ODG supports pre-operative testing in patients with certain risk factors but does not indicate a special physical examination before surgery. Hence, the request is not medically necessary.