

<b>Case Number:</b>	CM15-0028244		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	06/29/2006
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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: Arizona, 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:

The injured worker is a 71 year old male, who sustained an industrial injury on June 29, 2006. The diagnoses have included status post right shoulder surgery, right shoulder rotator cuff tear, status post total knee replacement, adhesive capsulitis of the left knee and left knee arthrofibrosis. Treatment to date has included left total knee replacement, physical therapy, right shoulder injection, medications and diagnostic testing. Currently, the injured worker complains of left knee pain which he rates a 10 on a 10-point scale. He reports severe right shoulder pain as well. On examination, the injured worker has a normal gait and posture. There is midflexion instability of the knees. His right shoulder reveals no surgical deformity or atrophy. He reports tenderness of the deltoid. His has 5/5 motor strength of the bilateral upper extremities and normal reflexes. The evaluating physician recommended left knee revision surgery. On January 26, 2015 Utilization Review non-certified a request for pre-operative medical clearance, noting that because the surgery was not certified the pre-operative medical clearance is not certified. Non-MTUS references were cited. On February 13, 2015, the injured worker submitted an application for IMR for review of pre-operative medical clearance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-operative Medical Clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harris J, Occupational Medicine Practice Guidelines, 2nd Edition (2004) page 127. Hegmann K, Occupational Medicine Practice Guidelines, 2nd Ed (2008 Revision) Page 503

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Family Physician 3/15/13 VOI 87, #6 Preoperative Testing Before Noncardiac Surgery: Guidelines and Recommendations MOLLY A. FEELY, MD;

**Decision rationale:** According to the AFP guidelines, pre-op EKG is not required in low -risk patients undergoing non-cardiac surgery. Urine testing is also not routinely recommended. Preoperative additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in perioperative management. Laboratory tests, besides generating high and unnecessary costs, are not good standardized screening instruments for diseases. 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. In this case, the pre-op clearance was no specific as to consultation, diagnostics or labs. The claimant did not have complications noted after the prior surgeries. The request is non-specific and not medically necessary.