

<b>Case Number:</b>	CM15-0032898		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	06/07/2010
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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: Texas, New York, 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 applicant is a represented 63-year-old [REDACTED] beneficiary who has filed a claim for chronic pain syndrome and chronic knee pain reportedly associated with an industrial injury of June 7, 2010. In a Utilization Review Report dated January 29, 2015, the claims administrator failed to approve a request for a preoperative medical clearance with internal medicine. It was suggested that the applicant had ongoing issues with knee arthritis. It was stated that the applicant was 63 years old. Non-MTUS ODG guidelines were invoked. A January 13, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On January 30, 2015, the applicant reported ongoing complaints of knee pain, exacerbated by kneeling, bending, squatting, and standing. The applicant's past medical history was reportedly reviewed but not detailed. The applicant was given primary diagnosis of knee arthritis. The applicant was asked to pursue a total knee arthroplasty. A preoperative evaluation was proposed. In a May 30, 2014 medical-legal evaluation, the applicant was described as having a variety of complaints in addition to the primary complaint of knee pain, including hand pain, upper extremity pain, neck pain, shoulder pain, urinary incontinence, headaches, hypertension, dyslipidemia, gastroesophageal reflux disease (GERD), and major depressive disorder (MDD). The applicant was not working, it was acknowledged.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-Op Medical Clearance With Internal Medicine: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (19th annual edition) & ODG Treatment in Workers' Comp (12th annual edition), 2014, Low Back Chapter-Preoperative testing, general.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92 OCCUPATIONAL MEDICINE PRACTICE GUIDELINES.

**Decision rationale:** Yes, the request for a preoperative medical clearance with an internist/internal medicine specialist was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 92, a referral may be appropriate when a practitioner is uncomfortable with treating and/or addressing a particular cause of delayed recovery. Here, the applicant's primary treating provider (PTP), an orthopedist, may be ill equipped to address issues of preoperative clearance and/or preoperative comorbidities such as hypertension, dyslipidemia, gastroesophageal reflux disease, etc. Obtaining the added expertise of a practitioner better equipped to address such issues and/or allegations, namely an internist, was, thus, indicated. Therefore, the request was medically necessary.