

Case Number:	CM15-0034045		
Date Assigned:	02/27/2015	Date of Injury:	08/30/2014
Decision Date:	04/14/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	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: California
 Certification(s)/Specialty: Orthopedic Surgery

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 45 year old female, who sustained an industrial injury on August 30, 2014. She has reported right knee pain. Her diagnoses include a right knee torn medial meniscus. On December 30, 2014, an MRI of the right knee was performed. She has been treated with x-rays, work modifications, a knee brace, ice packs, steroid injection, physical therapy, and medications including pain non-steroidal anti-inflammatory. On January 14, 2015, her treating physician reports intermittent, mild-moderate right knee pain with minimal swelling and giving away when going down stairs. The physical exam revealed moderate tenderness under the medial sub-patella facet, greater on the left than the right. There was exquisite tenderness over the medial joint line, a positive McMurray's sign, crepitation was felt and heard, negative patella apprehension test, no instability, and minimal joint effusion. The range of motion was normal with pain on flexion. The treatment plan includes arthroscopic surgery to repair the torn medial meniscus and post-op physical therapy. On February 23, 2015, the injured worker submitted an application for IMR for review of request for pre-op internal medicine clearance, which was non-certified based on the lack of documentation of significant medical conditions. The California Medical Treatment Utilization Schedule (MTUS): ACOEM (American College of Occupational and Environmental Medicine) Guidelines and Non- Medical Treatment Utilization Schedule (MTUS) guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative Internal Medicine clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Cardiology/American Heart Association 2007 Guidelines on Perioperative Cardiovascular Evaluation & Care for Noncardiac Surgery.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Preoperative Medicine Clearance Section.

Decision rationale: CA MTUS and ODG are silent on the issue of preoperative clearance. Alternative guidelines were therefore referenced.

[Http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx](http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx), states that patients greater than age 40 require a CBC; males require an ECG if greater than 40 and female is greater than age 50; this is for any type of surgery. In this case, the claimant is 45 years old and does not have any evidence in the cited records from 01/14/15 of significant medical comorbidities to support a need for preoperative clearance. Therefore, determination is for non-certification.