

Case Number:	CM15-0036856		
Date Assigned:	03/05/2015	Date of Injury:	06/19/2014
Decision Date:	04/16/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	02/26/2015

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: Minnesota, Florida
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 21-year-old male who sustained an industrial injury on June 19, 2014. He has reported pain in the left knee and has been diagnosed with left knee strain. Treatment has included medications, surgery, and physical therapy. Currently the injured worker complains of having catching, locking symptoms along the lateral aspect of his left knee along the joint line. There was a positive McMurrays to pain. The treatment plan included surgery, postoperative physical therapy, and a cold therapy unit. A request for surgery has been certified. The disputed issue pertains to a request for preoperative medical clearance that was non-certified by utilization review. This has been appealed to an independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principles of Internal Medicine 18th Edition 2012 Page 62, 63. ODG: Pre-operative testing, general.

Decision rationale: Harrison's principles of Internal Medicine 18th Edition 2012, Chapter 8 page 62, 63 pertains to the Medical Evaluation of the Surgical Patient. For evaluation of intermediate to high-risk patients, a simple standardized preoperative screening questionnaire has been developed for the purposes of identifying patients at intermediate or high risk who may benefit from a more detailed clinical evaluation. The medical consultation may be indicated in those intermediate and high-risk patients. The documentation submitted does not indicate the presence of comorbidities that would necessitate medical clearance. Mortality is low with safe delivery of modern anesthesia, especially in low risk patients undergoing low risk surgery. ODG guidelines classify arthroscopic surgery as a low risk outpatient procedure. The guidelines suggest a thorough history and physical examination to determine comorbidities. Preoperative testing should be based on the comorbidities. In the absence of documented comorbidities, the request for a medical clearance is not supported by guidelines and the medical necessity of the request has not been substantiated.