

Case Number:	CM15-0037605		
Date Assigned:	03/06/2015	Date of Injury:	05/13/2014
Decision Date:	04/16/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/27/2015

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:

On 5/13/14, this 29-year-old female sustained an industrial injury due to repetitive trauma to the lumbar spine, bilateral ankles and bilateral knees. Magnetic resonance imaging right knee (5/31/14) showed a medial meniscal tear with mild tendinosis and a septated fluid collection. The injured worker was diagnosed with a right knee meniscal tear. Treatment included physical therapy and medications. In a PR-2 dated 11/7/14, the injured worker complained of pain to the lumbar spine, bilateral knees and bilateral ankles 7-9/10. Physical exam was remarkable for lumbar spine with diffuse tenderness to palpation with restricted range of motion and positive bilateral straight leg raise test, Tension sign test and Bowstring's test, right knee with moderate effusion and positive patellofemoral grind and bilateral ankles with mild tenderness to palpation and restricted range of motion. Current diagnoses included sciatic syndrome, right knee internal derangement, bilateral ankle sprain/sprain and left knee compensatory pain. The injured worker denied any relevant past medical history or major illnesses. The treatment plan included right knee arthroscopy on an outpatient basis with postoperative rehabilitation and pre-surgical internal medical clearance and optimization.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op internal medicine clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Preoperative Testing, General.

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of preoperative clearance and testing. ODG, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. ODG states, "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." Based on the clinical note from 11/7/14, there is no indication of any of these clinical scenarios present in this case. In this case the patient is a healthy 29 year old without comorbidities or physical examination findings concerning to warrant preoperative testing prior to the proposed surgical procedure. Therefore, the determination is for non-certification.