

Case Number:	CM15-0039214		
Date Assigned:	03/09/2015	Date of Injury:	12/05/2007
Decision Date:	04/13/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/02/2015

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: Florida

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 61 year old male/female, who sustained a work/industrial injury on 12/5/07. He has reported initial symptoms of back pain radiating into the lower extremities and left knee pain. The injured worker was diagnosed as having lumbosacral spondylosis, osteoarthritis, thoracic and lumbosacral neuritis or radiculitis, and lumbar disc disorder with myelopathy. Treatments to date included medications (Norco, Lexapro, Terazosin), psychology, and surgical specialist. The treating physician's report (PR-2) from 9/29/14 indicated that the injured worker was present for an initial comprehensive preoperative consultation. Hemodynamic studies noted normal blood pressure and SVRI (Systemic Vascular Resistance Index) of 1951. Diagnosis was impaired fasting glucose, hyperlipidemia, and anemia. Classification was Goldman Class I for the proposed knee surgery. Echocardiogram noted mitral regurgitation, pulmonic regurgitation, left ventricular inflow pattern mild diastolic dysfunction. Computed Tomography (CT) scan of chest noted moderate to severe spondylosis of the thoracic spine. The PR-2 from 12/23/14 reported a hold on surgical procedure. Treatment was to be conservative management. Physical exam noted spasm, tenderness, and guarding of the paravertebral musculature as well as left knee patellar crepitus on flexion and extension with medial and lateral joint line tenderness and positive McMurray test. Medications were improving functional status. Diagnosis was lumbago and chondromalacia patellae.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro hemodynamic studies: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pre-Operative Lab Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical examination Page(s): 194. Decision based on Non-MTUS Citation Reg Anesth. 1992 Jul-Aug;17(4):228-32. Hemodynamic changes associated with tourniquet use under epidural anesthesia for total knee arthroplasty. Kahn RL1, Marino V, Urquhart B, Sharrock NE.

Decision rationale: Hemodynamics is the study of blood flow/circulation. This study was requested since a left knee arthroplasty surgical procedure was anticipated. This is a good standard of care to follow, and is part of the preoperative cardiac clearance procedure for this surgery. This study is considered to have been medically reasonable and necessary.