MAXIMUS Federal Services

Case Number:	CM15-0057987		
Date Assigned:	04/02/2015	Date of Injury:	05/13/2011
Decision Date:	05/04/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/26/2015

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: New York
Certification(s)/Specialty: Neurological 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 62 year old male patient who sustained an industrial injury on 05/13/2011. A primary treating office visit dated 09/29/2014 reported the patient with subjective complaint of persistent left knee pain, swelling and catching. His right knee has pain with occasional swelling and catching. He has neck pain, low back pain, and shoulder pain. The left knee is the most severe. Pending authorization for left knee arthroscopy. Objective findings showed the patient with positive impingement, Hawkin's, McMurray's and Slocum's tests, bilaterally. Diagnostic testing performed included a magnetic resonance imaging, radiography study, physical therapy, restricted activities, home exercise program, and electrodiagnostic nerve conduction study. The following diagnoses are applied: cervical spine myoligamentous strain/sprain; cervical discopathy, lumbar spine myoligamentous strain/sprain; lumbar discopathy, right shoulder impingement syndrome; left shoulder rotator cuff tear; internal derangement/medial meniscus tear right knee and internal derangement/medial meniscus tear left knee. The plan of care involved recommending surgical intervention for the left knee, preoperative medical clearance, post-operative therapy and durable medical equipment. The most recent primary treating office visit dated 01/12/2015 reported the patient last working 03/13/2011 and is currently on temporary total disability. The patient's current chief complaints are of constant pain in bilateral knees described as an aching sensation which is sometimes accompanied with sharp shooting pains to the knees. He also reports experiencing his knees buckling. In addition the patient is with complaint of low back pain, constant neck pain and bilateral shoulder pain. His prior surgical history included right index finger procedure in 1978,

status post laminectomy lumbar L5-S1 on 07/03/1999 and right shoulders rotator cuff in 1998. Current medications consist of: Hydrocodone 750mg, and Ibuprofen 800mg. He is diagnosed with cervical spondylosis with bulging at C5-6, C6-C-7; status post right shoulder arthroscopy; bilateral knee pain with intra-articular derangement and history of tear and status post laminectomy discectomy L5-S1 with vacuum phenomenon at L5-S1. The plan of care involved recommending spinal surgery, obtaining up to date magnetic resonance imaging, surgical evaluation for knees and shoulders and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-Operative Clearance (CBC, CMP, PT/PTT): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI), 2008 Jul 32 p.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy Chapter-preoperative lab testing, preoperative testing, general.

Decision rationale: The ODG guidelines indicate preoperative lab testing should guide postoperative management and is recommended in patients undergoing high risk surgery. Documentation does not indicate the patient is going to undergo high risk surgery. Documentation does not furnish evidence of comorbidities whose presence would affect postoperative management. The requested treatment: Pre-Operative Clearance (CBC, CMP, PT/PTT) is not medically necessary and appropriate.

Pre-Operative Urinalysis (UA): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI), 2008 Jul 32 p.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy Chapter-preoperative testing, general.

Decision rationale: The ODG guidelines indicate preoperative lab testing should guide postoperative management and is recommended in patients undergoing high risk surgery. Documentation does not indicate the patient is going to undergo high risk surgery. Documentation does not furnish evidence of comorbidities whose presence would affect postoperative management. Documentation does not supply evidence of renal disease whose management would be affected by a pre-operative UA. The requested treatment: Pre-Operative Urinalysis (UA) is not medically necessary and appropriate.

Pre-Operative EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI), 2008 Jul 32 p.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical therapy Chapter- preoperative electrocardiogram (ECG).

Decision rationale: The ODG guidelines do recommend a preoperative EKG in patients undergoing high risk surgery. Documentation is not presented to identify the patient is to undergo a high risk operation. The guidelines do recommend an EKG if the patient has additional risk factors. Documentation does not identify their presence. The requested treatment Pre-operative EKG is not medically necessary and appropriate.

Pre-Operative Chest X-Ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI), 2008 Jul 32 p.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy chapter-Preoperative lab testing, general.

Decision rationale: The ODG guidelines recommend that a patient with underlying pulmonary disease whose post-operative management would be affected by the knowledge gained in obtaining a preoperative chest X-ray should have one. Documentation does not present evidence the patient has such underlying disease. The requested treatment: Pre-Operative Chest X-Ray is not medically necessary and appropriate.