

<b>Case Number:</b>	CM15-0058349		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	10/26/2004
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 66-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of October 26, 2004. In a Utilization Review report dated March 3, 2015, the claims administrator failed to approve a request for a preoperative clearance evaluation. An RFA form dated February 17, 2015 and a progress note dated January 16, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On May 15, 2014, the applicants' knee surgeon stated that the applicant was an appropriate candidate for a total knee arthroplasty procedure, owing to issues with advanced arthritis. Vicodin was refilled. In an earlier progress note dated January 21, 2014, the applicant was described as having a history of an MRSA positive infection in the past. On January 16, 2015, the applicant was described as having disabling right knee arthritis, radiographically confirmed. A total knee arthroplasty was proposed. A preoperative clearance was sought owing to the fact that the applicant had alleged hypertension and dyslipidemia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Preoperative clearance:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, Low Back, Preoperative lab testing.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

**Decision rationale:** Yes, the request for a preoperative clearance was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 92, a referral may be appropriate if a practitioner is uncomfortable treating or addressing a particular cause of delayed recovery. Here, the applicant's primary treating provider (PTP), a knee surgeon, has indicated that he was uncomfortable and/or unable to stratify the applicant's operative risk factors. The applicant did apparently have a variety of comorbidities, including hypertension, dyslipidemia, age (66), and a history of a previous MRSA positive infection. Obtaining the added expertise of a practitioner specializing in preoperative clearances, such as an internist or anesthesiologist, thus, was indicated to stratify the applicant's preoperative risk factors, therefore, the request was medically necessary.