

Case Number:	CM15-0081603		
Date Assigned:	05/04/2015	Date of Injury:	09/01/2006
Decision Date:	06/05/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/28/2015

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 58 year old female who sustained an industrial injury on 09/01/06. Initial complaints and diagnoses are not available. Treatments to date include medications. Diagnostic studies are not addressed. Current complaints include bilateral knee pain with squatting and kneeling. Current diagnoses include severe bilateral knee degenerative joint disease. In a progress note dated 03/04/14 the treating provider reports the plan of care as bilateral staged total knee replacement. The requested treatments are preoperative laboratory studies; however, the specific tests are not listed. As such, the medical necessity cannot be determined.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative labs to left knee: 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 ODG: Section: Low Back. Topic: Preoperative lab testing.

Decision rationale: ODG guidelines recommend preoperative lab testing based upon the patient's clinical history, comorbidities, and physical examination findings. The request as stated does not specify the laboratory tests that are being requested. As such, the request is not medically necessary.