

Case Number:	CM15-0081787		
Date Assigned:	05/04/2015	Date of Injury:	11/15/2006
Decision Date:	06/08/2015	UR Denial Date:	04/09/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 45 year old female, who sustained an industrial injury on 11/15/2006. She reported injury to the left knee. The injured worker was diagnosed as having left knee arthritis syndrome, and left knee medial meniscal tear. Treatment to date has included medications, magnetic resonance imaging, physical therapy, and cortisone injection. The request is for pre-operative studies electrocardiogram, and chest x-ray. On 10/21/2014, she is reported to not be tolerating Naproxen well. On 3/31/2015, she complained of continued left knee pain that is worsened by prolonged walking. The treatment plan included: surgery of the left knee, shoe inserts, and Ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative studies EKG, chest X-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter 2.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, Preoperative testing, general.

Decision rationale: Based on the 03/31/15 progress report provided by treating physician, the patient presents with left knee pain. The request is for Pre-Operative Studies EKG, Chest X-Ray. RFA not provided. Patient's diagnosis on 03/31/15 included left knee arthritis syndrome and left knee medial meniscal tear. Treatment to date included knee brace, injections and medications. Patient's medications include Ibuprofen. The patient is disabled, per 03/31/15 progress report. Treatment reports were provided from 10/02/14 - 03/31/15. With regards to medical clearance, ODG-TWC, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter under "Preoperative testing, general" states: "See Preoperative electrocardiogram (ECG); & Preoperative lab testing. Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. 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." Progress report with the request has not been provided. Treater has not discussed reason for the request, nor provided patient risk assessment. The guidelines support certain pre-operative evaluations including labs, EKG and X-rays for the right patient population with risk factors. In this case, none of the risk factors are provided or discussed. Treater does not outline what pre-operative studies are to entail. Furthermore, there is no indication surgery has been authorized. Therefore, the request IS NOT medically necessary.