

Case Number:	CM15-0086293		
Date Assigned:	05/08/2015	Date of Injury:	03/27/2007
Decision Date:	07/07/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/05/2015

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 54 year old female who sustained an industrial injury on 03/27/07. Initial complaints and diagnoses are not available. Treatments to date include medications, epidural steroid injection, and weight loss. Diagnostic studies are not addressed. Current complaints include knee pain. Current diagnoses include degenerative joint disease of the bilateral knees. In a progress note dated 03/19/15 the treating provider reports the plan of care as a left total knee replacement. The requested treatments include a pulmonary function test, echocardiogram, and chest x-ray.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pulmonary Function Test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Preoperative testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty, Pulmonary testing, page 968.

Decision rationale: ODG notes recommendations for Spirometric testing in the workplace where spirometry is employed in the primary, secondary, and tertiary prevention of occupational lung disease or evaluation and following of patients and screening exposed populations of workers for respiratory conditions; however, not indicative here for degenerative knee joint disease. Submitted reports have not clearly demonstrated the indication of medical necessity for the above testing. The Pulmonary Function Test is not medically necessary and appropriate.

Echocardiogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG preoperative testing general.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Preoperative electrocardiogram (ECG)/ pre-cardiac evaluation, page 766.

Decision rationale: Review indicates the patient is scheduled for surgery with current requests to include multiple preoperative diagnostics. Submitted reports have not identified any subjective symptoms, clinical findings, diagnosis, or medical risk factors and comorbidities involving cardiopulmonary disorders such as recent upper respiratory infection, chronic obstructive pulmonary disease, long-term smoking, and cardiocirculatory diseases to support for the routine preoperative tests. Criteria for diagnostic EKG includes demonstrated cardiovascular/coronary disease, history of arrhythmia and syncope/seizures with comorbid risk factors, not identified here. The Echocardiogram is not medically necessary and appropriate.

Chest X-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Preoperative testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pulmonary, Radiography (diagnostic), page: 899; X-ray, pages 902-903.

Decision rationale: Review indicates the patient is scheduled for surgery with current requests to include multiple preoperative diagnostics. Submitted reports have not identified any subjective symptoms, clinical findings, diagnosis, or medical risk factors and comorbidities involving cardiopulmonary disorders such as recent upper respiratory infection, chronic obstructive pulmonary disease, long-term smoking, and cardiocirculatory diseases to support for the routine preoperative tests. Criteria for diagnostic radiography includes demonstrated obvious multiple pulmonary nodules with evaluation prior to metastatectomy or assessment of response to systemic radiation therapy or chemotherapy, not identified here. The Chest X-ray is not medically necessary and appropriate.