

Case Number:	CM14-0123769		
Date Assigned:	08/08/2014	Date of Injury:	09/24/2008
Decision Date:	09/29/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/05/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in Hawaii and California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 54-year-old employee with date of injury of September 24, 2008. A review of the medical records indicate that the patient is undergoing treatment for arthritis in the left knee. Subjective complaints include (May 16, 2014) left knee pain (10/10) experienced all the time. Objective findings (May 16, 2014) include medial joint tenderness to the knee (laterality unspecified). Radiology results include (MRI performed November 26, 2013) medial compartment arthritis, small amounts of edema, loss of cartilage, grade II mucinous degeneration in medial meniscus, joint effusion, and edema superficial to lower pole of patella and patellar tendon (but underlying structures appear intact). An x-ray performed on June 21, 2013 indicated osteoarthritis in the left knee. Treatment has included Naprosyn 500 mg #60, and Tylenol. Treating physician placed a request for a left total knee replacement, but records do not indicate that the surgery was approved. The utilization review dated 7/31/2014 non-certified the request for Outpatient Pre-Op Physical, Body Part: Left Knee due to the knee surgery being non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient pre-operative physical for the left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter, Knee Joint replacement; Low Back Chapter, Preoperative Testing.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 329-360. Decision based on Non-MTUS Citation (ODG) Knee and Leg - Knee joint.

Decision rationale: The Medical Treatment Utilization Section (MTUS) and American College of Occupational and Environmental Medicine (ACOEM) are silent regarding pre-operative physical for Knee. The Knee Complaints Chapter of the ACOEM Practice Guidelines does discuss criteria for a surgical knee. The medical records do not indicate surgical conditions that are discussed in the chapter. ODG does not specifically discuss pre-operative clearance physical in the Knee Chapter, but does cite indications for a total knee replacement. The medical records indicate that the treating physician requested authorization for a left total knee replacement in conjunction with a pre-operative physical exam. The medical documents provided indicate that the request for a left total knee replacement was non-certified. Since a total knee replacement was non-certified, the request for pre-operative physical that was linked to the surgery would also not be necessary. As such, the request for an outpatient pre-operative physical for the left knee is not medically necessary or appropriate.