MAXIMUS Federal Services

Case Number:	CM14-0144547		
Date Assigned:	09/12/2014	Date of Injury:	09/12/2013
Decision Date:	11/10/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	09/05/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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:

The injured worker is a 52-year-old female housekeeper with a date of injury of 9/12/2013. The injury occurred when she ran into a marble table while cleaning a home. Her past medical history was positive for sinus bradycardia and obesity (body mass index 32.5). The injured worker underwent right knee arthroscopic chondroplasty, lateral meniscectomy, and synovectomy on 3/13/14. The 4/17/14 chart note documented excruciating right knee pain and swelling. Aspiration of 60 cc of clear synovial fluid from the knee was sent to the lab to rule-out septic arthritis. The lab values were found to be within normal limits. The injured worker was diagnosed with aseptic effusion and a corticosteroid injection was provided on 5/1/14. The 7/23/14 progress report indicated that the injured worker was progressively worsening with severe pain, popping, catching and locking. She was walking with a cane and a brace on the right knee. The physical exam documented 2+ effusion, global tenderness to palpation, and range of motion -15 to 90 degrees. There was medial and lateral joint line tenderness and a positive McMurray's test. An updated magnetic resonance imaging scan demonstrated degenerative changes with a tear of the remnant lateral meniscus. Authorization for right knee partial meniscectomy and chondroplasty, pre-op clearance, and post-operative physical therapy was requested. The 8/6/14 utilization review denied the requests for pre-operative electromyogram, chest x-ray, and lab work as there was no documented pertinent medical necessity that would indicate the medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op EKG: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back, Preoperative electrocardiogram (ECG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for preanesthesia evaluation: An updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. Anesthesiology 2012 Mar; 116(3): page(s) 522-38

Decision rationale: The California Medical Treatment Utilization Schedule guidelines do not provide recommendations for this service. Evidence based medical guidelines state that an electrocardiogram may be indicated for injured workers with known cardiovascular risk factors or for injured workers with risk factors identified in the course of a pre-anesthesia evaluation. The guideline criteria have been met. Middle-aged obese females have known occult increased cardiovascular risk factor to support the medical necessity of a pre-procedure electrocardiogram. The injured worker has a history of sinus bradycardia. Therefore, this request is medically necessary. Middle-aged obese females have known occult increased cardiovascular risk factor to support the medical necessity of a pre-procedure electrocardiogram. The injured worker has a history of sinus bradycardia.

Pre-op chest x-ray: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Preoperative testing general

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACR Appropriateness CriteriaÂ® routine admission and preoperative chest radiography. Reston (VA): American College of Radiology (ACR); 2011 page 6

Decision rationale: The California Medical Treatment Utilization Schedule guidelines do not provide recommendations for this service. Evidence based medical guidelines state that routine pre-operative chest radiographs are not recommended except when acute cardiopulmonary disease is suspected on the basis of history and physical examination. The guideline criteria have been met. Middle-aged obese females have known occult increased cardiopulmonary risk factors to support the medical necessity of a pre-procedure chest x-ray.

Pre-op Labs: Prothrombin Time(PT), Partial Thromboplastin Time (PTT), International Normalised Ratio (INR), Lytes, Chem-7: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Preoperative Lab Testing

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. Anesthesiology 2012 Mar; 116(3): page(s) 522-38

Decision rationale: The California Medical Treatment Utilization Schedule guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that most laboratory tests are not necessary for routine procedures unless a specific indication is present. Indications for such testing should be documented and based on medical records, injured worker interview, physical examination, and type and invasiveness of the planned procedure. Guideline criteria have been met due to the use of nonsteroidal anti-inflammatory drugs and plausible increase in associated perioperative bleeding. The above rationale supersedes the prior. Guideline criteria have been met due to the use of nonsteroidal anti-inflammatory drugs and plausible increase in associated perioperative bleeding.