MAXIMUS Federal Services

Case Number:	CM14-0144679		
Date Assigned:	09/12/2014	Date of Injury:	05/05/2011
Decision Date:	10/14/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/08/2014

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 Pennsylvania. 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 claimant is a 58-year-old gentleman who was injured on 05/05/11. The clinical records provided for review included the Utilization Review determination of 08/19/14 authorizing the claimant to undergo a right total knee arthroplasty. This review is for perioperative requests to include preoperative testing including blood work, coagulation studies, a urinalysis and electrocardiogram as well as postoperative use of a 3-in-1 commode. There are no other pertinent clinical records available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op labs to include CBC, CMP, PT, PTT and UA/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)-TWC Low Back Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7 Independent Medical Examinations and Consultations, page 127

Decision rationale: Based on California MTUS ACOEM Guidelines, the request for preoperative laboratory testing to include EKG, urinalysis and blood work would be indicated.

The testing in question would be considered the standard of care in preparation for total knee arthroplasty. The procedure would require inpatient hospital stay, risk of postoperative blood loss as well as the need for anesthesia. The role of preoperative testing as outlined based on the claimant's surgical process that would require implementation of an implant would be supported as medically necessary.

3-1 commode: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross of California Medical Policy Durable Medical Equipment CG-DME-10

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): knee procedure - Durable medical equipment (DME)

Decision rationale: California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. When looking at the Official Disability Guidelines criteria, the request for a 3-in-1 commode would also be supported. The 3-in-1 commode would be necessary in the postoperative setting for comfort and ease of activity. Given the nature of the claimant's surgical process, the clinical request for the durable medical equipment in question would be supported.