

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0168688 |                              |            |
| <b>Date Assigned:</b> | 10/16/2014   | <b>Date of Injury:</b>       | 06/16/2014 |
| <b>Decision Date:</b> | 11/18/2014   | <b>UR Denial Date:</b>       | 09/08/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/13/2014 |

### 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 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 is a 34-year-old who sustained an injury to the right knee on 06/16/14. The clinical records provided for review document that a Utilization Review determination dated 08/15/14 authorized the request for right knee arthroscopy based on failed conservative care. The claimant's MRI of the right knee dated 07/13/14 revealed complex tearing of the lateral meniscus. The medical records do not identify that the claimant has any evidence of underlying past medical history or co-morbid conditions. In relationship to the knee arthroscopy that was authorized, there is a request for preoperative testing to include laboratory assessment and a preoperative medical clearance evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PREOPERATIVE CLEARANCE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [WWW.GUIDELINES.GOV/CONTENT](http://WWW.GUIDELINES.GOV/CONTENT)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 Independent Medical Examinations and Consultations, page 127

**Decision rationale:** Based on California ACOEM Guidelines, the request for preoperative medical clearance would not be indicated. The medical records do not identify that the claimant has any underlying past medical history or co-morbid conditions that would support the need for a preoperative medical assessment prior to the procedure. The clinical request in this case would fail to meet guideline criteria.

**CMP:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation WWW.GUIDELINES.GOV/CONTENT

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 Independent Medical Examinations and Consultations, page 127

**Decision rationale:** Based on California ACOEM Guidelines, the request for CMP is not recommended as medically necessary. The medical records do not identify that the claimant has any underlying past medical history or co-morbid conditions that would support the need for a CMP complete metabolic panel as part of a preoperative clearance. The request in this case would fail to be supported as medically necessary.

**ELECTROLYTES:**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation WWW.GUIDELINES.GOV/CONTENT

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 Independent Medical Examinations and Consultations, page 127

**Decision rationale:** Based on California ACOEM Guidelines, the request for electrolytes is not recommended as medically necessary. The medical records do not identify that the claimant has any underlying past medical history or co-morbid conditions that would support the need for an electrolyte panel as part of a preoperative clearance. The request in this case would fail to be supported as medically necessary.

**BUN:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation WWW.GUIDELINES.GOV/CONTENT

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 Independent Medical Examinations and Consultations, page 127

**Decision rationale:** Based on California ACOEM Guidelines, the request for BUN is not recommended as medically necessary. The medical records do not identify that the claimant has any underlying past medical history or co-morbid conditions that would support the need for a BUN as part of a preoperative clearance. The request in this case would fail to be supported as medically necessary.