

Case Number:	CM14-0114444		
Date Assigned:	08/01/2014	Date of Injury:	05/06/2005
Decision Date:	01/20/2015	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/21/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 41 year old with an injury date on 5/6/05. Patient complains of ongoing right knee pain with difficulty walking, giving out, catching sensations and soreness of the knee joint per 5/19/14 report. The patient is being recommended a total knee arthroplasty per 5/19/14 report. Based on the 5/19/14 progress report provided by the treating physician, the diagnosis is degenerative joint disease of the right knee that is worsening. Exam on 5/19/14 showed "anterior cruciate ligament (ACL) laxity, blocked tibiofemoral rotation. Altered Q angle in the right knee that is physically visible." Patient's treatment history includes non-steroidal anti-inflammatory drugs (NSAIDs), work restriction, lumbar support. The treating physician is requesting pre-op clearance to include: labs, X-ray, EKG, PFT. The utilization review determination being challenged is dated 6/16/14 and modifies request to CBC, Basic Metabolic Panel, and coagulation PT/PFT/INR, and EKG. The requesting physician provided treatment reports from 2/6/13 to 10/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-Op Clearance to include: Labs: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) L-spine chapter, preoperative lab testing

Decision rationale: This patient presents with right knee pain. The treater has asked for pre-op clearance to include: Labs but the requesting progress report is not included in the provided documentation. The patient is apparently undergoing knee replacement surgery. Regarding preoperative lab testing, Official Disability Guidelines (ODG) has the following: "Recommended as indicated below. Preoperative additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in perioperative management." ODG recommends electrolyte and creatinine testing for patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure. Random glucose testing is recommended for those with DM. Complete blood count (CBC) recommended when significant blood loss is anticipated or those at risk of anemia, and coagulation studies for patients with a history of bleeding or bleeding medical condition. In this case, the patient does not present with high risk factors such as hypertension, diabetes, or kidney/liver disease. The treater does not mention any of the risk measures, and the UR authorized what appears to a reasonable set of pre-operative labs. Treatment is not medically necessary and appropriate.

Pre-Op Clearance to include: X-ray: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) L-spine chapter, preoperative X-ray

Decision rationale: This patient presents with right knee pain. The treater has asked for pre-op clearance to include: Xray but the requesting progress report is not included in the provided documentation. The request appears to be for a chest X-ray. Official Disability Guidelines (ODG) for pre-operative chest X-ray states: "Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management." In this case, the treater does not mention that the patient is at risk of postoperative pulmonary complications. Treatment is not medically necessary and appropriate.

Pre-Op Clearance to include: EKG: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) L-spine chapter, under preoperative EKG

Decision rationale: This patient presents with right knee pain. The treater has asked for pre-op clearance to include: electrocardiogram (EKG) but the requesting progress report is not included

in the provided documentation. Official Disability Guidelines (ODG) under L-spine chapter, preoperative EKG has the following: Recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography." It supports EKG for orthopedic surgery, but not for endoscopic procedures. In this case, the patient is to undergo knee replacement, and is older than age 40 for which pre-operative EKG is supported. Treatment is medically necessary and appropriate.

Pre-Op Clearance to include: PFT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary chapter, under pulmonary function test

Decision rationale: This patient presents with right knee pain. The treater has asked for pre-op clearance to include: PFT but the requesting progress report is not included in the provided documentation. The patient is to undergo a knee replacement. Regarding pulmonary function test, Official Disability Guidelines (ODG) guidelines under pulmonary chapter, pulmonary function test has the following: "Lastly, it is recommended in the pre-operative evaluation of individuals who may have some degree of pulmonary compromise and require pulmonary resection or in the pre-operative assessment of the pulmonary patient." In this patient, there is no documentation of any pulmonary compromise or issues to warrant a pre-operative PFT. The treater does not raise any concerns. Treatment is not medically necessary and appropriate.