MAXIMUS Federal Services

Case Number:	CM14-0213525		
Date Assigned:	12/31/2014	Date of Injury:	02/22/2014
Decision Date:	02/26/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Orthopedic Surgery

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 53-year-old male who has submitted a claim for right patellofemoral rupture and hypertension associated with an industrial injury date of February 22, 2014.Medical records from 2014 were reviewed. The patient complained of intermittent right knee pain rated 3 to 10/10 in severity associated with swelling and stiffness. He reported cracking, catching and locking sensation of the knee. The patient had difficulty in self-care activities and prolonged sitting and standing. Physical examination of the right knee showed effusion, tenderness, range of motion measured from zero to 135 degrees, positive subpatellar crepitance, positive subpatellar pain on compression and antalgic gait. The MRI of the right knee on September 20, 2014 showed re-tear of the patellar tendon, at least 2.5 cm of patella alta, post operative changes centered within the patella, and patellar tendinosis with a partial thickness tear and avulsion associated with the tibial insertion. There was also osteoarthrosis in the patellofemoral joint compartment with full-thickness patellar chondral loss. The MRI of the right knee from February 26, 2014 demonstrated fracture of the inferior patella, moderate effusion and subcutaneous edema. Treatment to date has included right knee patellar tendon reconstruction on March 5, 2014, knee bracing, physical therapy and medications. The patient is recently certified to undergo right knee patellar tendon repair.The utilization review from November 25, 2014 denied the request for preoperative clearance, ECG and chest x-ray. Reasons for denial were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Pre-operative clearance: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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(s) <127>. Official Disability Guidelines (ODG), Low Back chapter, Preoperative testing, General.

Decision rationale: As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. Official Disability Guidelines states that pre-operative testing can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. In this case, the patient is recently certified to undergo right knee patellar tendon repair. The patient is a 53-year-old male with concomitant hypertension. The medical necessity for a preoperative clearance has been established. Therefore, the request for associated surgical service: preoperative clearance is medically necessary.

Associated surgical service: EKG: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back chapter, Preoperative testing, General; and Preoperative electrocardiogram (ECG).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. ODG states that pre-operative testing can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change preoperative management. Electrocardiography is recommended for patients undergoing high-

risk surgery and those undergoing intermediate-risk surgeries who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. In this case, the patient is recently certified to undergo right knee patellar tendon repair. The patient is a 53-year-old male with concomitant hypertension. The medical necessity for a preoperative electrocardiogram has been established. Therefore, the request for associated surgical service: EKG is medically necessary.

Associated surgical service: chest x-ray: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back chapter, Preoperative testing, General.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. ODG states that pre-operative testing can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change preoperative management. In this case, the patient is recently certified to undergo right knee patellar tendon repair. The patient is a 53-year-old male with concomitant hypertension. The medical necessity for preoperative chest radiography has been established. Therefore, the request for associated surgical service: chest x-ray is medically necessary.