

Case Number:	CM15-0014319		
Date Assigned:	02/02/2015	Date of Injury:	07/30/2002
Decision Date:	04/14/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/26/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 male who sustained an industrial injury on 07/30/2002. The current diagnoses include unspecified disorder of joint-lower leg, pain in joint-lower leg, unspecified internal derangement of knee. Treatments to date include medications, injections, physical therapy, knee surgeries, and bracing. Report dated 12/08/2014 noted that the injured worker presented with complaints that included left knee pain with locking. Physical examination was positive for abnormal findings. The utilization review performed on 01/12/2015 non-certified a prescription for pre-operative diagnostic and laboratory works (chest x-ray, EKG, PFT, CBC, Chem 12, PT/PTT, A1C, urinalysis), pre-operative clearance evaluation, 12 post-operative physiotherapy, and 12 post-operative acupuncture based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative Diagnostic and Laboratory works (Chest X-rays, EKG, PFT, CBC, Chem 12, PT, PTT A1C, Urinalysis): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 11th Edition (web) , 2014, Low Back- Lumbar & Thoracic (Acute & Thoracic).

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 $i\frac{1}{2}$ lumbar and thoracic, preoperative testing, general.

Decision rationale: The attached medical record does not contain any documentation that the injured employee is approved or scheduled for knee surgery. Considering this, the request for preoperative diagnostic and laboratory testing is also not medically necessary.

Pre-Operative Clearance Evaluation: Upheld

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 $i\frac{1}{2}$ lumbar and thoracic, preoperative testing, general.

Decision rationale: The attached medical record does not contain any documentation that the injured employee is approved or scheduled for knee surgery. Considering this, the request for a preoperative clearance evaluation is not medically necessary.

12 Post-Operative Physiotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post-Surgical Rehabilitation, Knee and Postsurgical treatment Meniscectomy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines postoperative physical therapy.

Decision rationale: The attached medical record does not contain any documentation that the injured employee is approved or scheduled for a knee surgery. Furthermore, the California chronic pain medical treatment guidelines do not recommend manual therapy and manipulation for the knee. As such, this request for postoperative physiotherapy for the knee is not medically necessary.

12 post-Operative Acupuncture: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The attached medical record does not contain any documentation that the injured employee is approved or scheduled for a knee surgery. As such, this request for postoperative acupuncture is not medically necessary.