

Case Number:	CM15-0176216		
Date Assigned:	09/17/2015	Date of Injury:	05/13/2014
Decision Date:	10/19/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/08/2015

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, Oregon, Washington
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 65 year old female injured worker suffered an industrial injury on 5-13-2014. The diagnoses included advanced severe post-traumatic degenerative arthrosis of the left knee. On 7-23-2015, the treating provider reported constant pain in the left knee with clicking, popping and locking sensations. On exam, there was tenderness of the left knee with limited range of motion, positive grinding test, McMurray's test equivocal and Alpley's test equivocal. There was pain to varus and valgus stressing with no gross instability. The requested treatment was in anticipation of total knee arthroplasty, which was not certified. The diagnostics included left knee magnetic resonance imaging 7-15-2014. The Utilization Review on 9-2-2015 determined non-certification for Pre-operative labs, Pre-operative chest x-ray and Post-operative physical therapy 18-24 for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative labs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

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, Preoperative testing general.

Decision rationale: CA MTUS/ACOEM is silent on the issue of preoperative lab testing. ODG low back is referenced. Guidelines for preoperative CBC is stated as patients with a medical risk for anemia or a planned surgery with significant blood loss. For testing of metabolic panel or creatinine, the guidelines recommend testing for patients with chronic kidney disease. Based on the clinic notes provided, there is not supporting evidence of the above, therefore the requested procedure is not medically necessary.

Pre-operative chest x-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Preoperative Testing Before Non-cardiac Surgery: Guidelines and Recommendations, American Family Physician 2013.

Decision rationale: CA MTUS ACOEM/ODG are silent with regard to the use or preoperative chest x-rays. Alternate guidelines are referenced. In an article entitled "Preoperative Testing Before Non-cardiac Surgery: Guidelines and Recommendations" which was published in the American Family Physician 2013, Feely et al stated that: "Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management." There is no documentation in the provided medical records that this patient is at a higher risk for postoperative pulmonary complications and thus the request for a preoperative chest x-ray is not medically necessary.

Post-operative physical therapy 18-24 for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

Decision rationale: Per the CA MTUS/Post Surgical Treatment Guidelines, page 24, arthroplasty of the knee recommends 24 visits over 10 weeks with a post surgical treatment period of 4 months. The guidelines recommend of the authorized visit initially therefore 12 visits are medically necessary. As the request exceeds the 12 visits, the request is not medically necessary.