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| Case Number: | CM15-0063737 | | |
| Date Assigned: | 04/09/2015 | Date of Injury: | 08/09/2004 |
| Decision Date: | 06/04/2015 | UR Denial Date: | 03/31/2015 |
| Priority: | Standard | Application Received: | 04/03/2015 |

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57 year old male, who sustained industrial injuries on January 3, 2012, March 14, 2012 and May 15, 2012. He reported bilateral knee, left hand and fingers, left hip, left shoulder, neck and low back pain. The injured worker was diagnosed as having cervical disk syndrome, cervicgia, cervical strain/sprain, lumbosacral disk syndrome with sprain/strain, lumbago, status post laminectomy fusion syndrome, internal derangements of bilateral knees, multiple joint arthralgias, chronic pain syndrome and insomnia. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the lumbar spine, physical therapy, steroid injections, Hyalgan injections, medications and work restrictions. The injured worker presented on 03/20/2015 for an orthopedic evaluation regarding the left knee. The injured worker reported difficulty with standing, walking, and performing activities of daily living. The injured worker also noted night time pain and swelling on a regular basis. Upon examination, there was a small to moderate effusion. There was medial and lateral joint line tenderness. A prior MRI demonstrated post-traumatic arthritis of the knee with patellofemoral and medial compartment chondral surface degeneration. The injured worker was status post left knee injection, which provided 3 months of symptom relief. The physician requested to proceed with a left knee replacement surgery. A Request for Authorization form was submitted on 03/25/2015 for a left knee replacement with preoperative medical clearance, postoperative physical therapy, and durable medical equipment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Renal function panel: 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 Chapter, Preoperative testing, general.

Decision rationale: The Official Disability Guidelines state, the decision to order preoperative testing should be guided by the patient's clinical history, comorbidities and physical examination findings. There is no documentation of a significant medical history or any underlying comorbidities. The medical necessity for preoperative medical clearance has not been established in this case. As such, the request is not medically appropriate at this time.

Associated surgical service: Pro-thrombin time: 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 Chapter, Preoperative testing, general.

Decision rationale: The Official Disability Guidelines state, the decision to order preoperative testing should be guided by the patient's clinical history, comorbidities and physical examination findings. There is no documentation of a significant medical history or any underlying comorbidities. The medical necessity for preoperative medical clearance has not been established in this case. As such, the request is not medically appropriate at this time.

Associated surgical service: Partial thromboplastin time: 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 Chapter, Preoperative testing, general.

Decision rationale: The Official Disability Guidelines state, the decision to order preoperative testing should be guided by the patient's clinical history, comorbidities and physical examination findings. There is no documentation of a significant medical history or any underlying comorbidities. The medical necessity for preoperative medical clearance has not been established in this case. As such, the request is not medically appropriate at this time.

Pre-operative medical clearance: 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 Chapter, Preoperative testing, general.

Decision rationale: The Official Disability Guidelines state, the decision to order preoperative testing should be guided by the patient's clinical history, comorbidities and physical examination findings. There is no documentation of a significant medical history or any underlying comorbidities. The medical necessity for preoperative medical clearance has not been established in this case. As such, the request is not medically appropriate at this time.