

Case Number:	CM15-0063773		
Date Assigned:	04/09/2015	Date of Injury:	07/19/2012
Decision Date:	05/19/2015	UR Denial Date:	03/19/2015
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

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 55 year old female, who sustained an industrial injury on July 19, 2012. The injured worker had reported low back pain and bilateral knee pain. The diagnoses have included lumbar degenerative disc disease, lumbar facet osteoarthritis, lumbar central canal stenosis, mild bilateral lumbar foraminal stenosis, low back pain, bilateral knee osteoarthritis, bilateral knee degenerative joint disease, left hip pain and cervical-thoracic sprain/strain. Treatment to date has included medications, radiological studies, physical therapy, ice/heat treatment, cortisone injection, chiropractic treatments and bilateral knee surgery. Current documentation dated March 11, 2015 notes that the injured worker reported constant low back pain with radiation to the left buttock and upper lateral thigh and bilateral lower extremity cramping with left lower extremity weakness. The injured worker also reported left hip tenderness. Physical examination of the lumbar spine revealed tenderness, a decreased and painful extension of the lumbar spine and negative testing. The injured worker was noted to have tenderness over both greater trochanteric bursa areas. The treating physician's plan of care included a request for a medical/dental pre-operative clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical/dental pre-operative 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 ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127. Official disability guidelines low back, lumbar and thoracic (acute and chronic) chapter, medical clearance.

Decision rationale: The patient was injured on 03/06/12 and presents with low back pain, bilateral lower extremity cramping/weakness, and left hip tenderness. The request is for a Medical/Dental Pre-Operative Clearance. There is no RFA provided and the patient's work status is not provided. The report with the request is not provided. ACOEM Practice Guidelines Second Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." With regards to medical clearance, ODG Guidelines, low back, lumbar and thoracic (acute and chronic) chapter states, "Preoperative testing, general: see preoperative electrocardiogram (ECG): and preoperative lab testing. Preoperative testing (e.g. chest radiography, electrocardiography, laboratory testing, and urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risks, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative test 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 the preoperative status. 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 report with the request is not provided nor is the request mentioned in any of the reports. None of the reports provide a patient risk assessment. Furthermore, there is no indication of any operation the patient may have in the near future or of any surgery which has been authorized. Therefore, the requested pre-operative medical clearance evaluation is not medically necessary.