

Case Number:	CM15-0071070		
Date Assigned:	04/21/2015	Date of Injury:	08/06/2014
Decision Date:	07/20/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/14/2015

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: Illinois, California, Texas
 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 injured worker is a 27-year-old male who sustained an industrial injury on 8/6/14. Injury occurred when he was the driver of a truck involved in a motor vehicle accident. He was diagnosed with left knee strain, cervical strain, and whiplash injury. The 9/16/14 left knee MRI impression documented a complex tear of the lateral meniscus extending from the body of the posterior horn with grade 3 signal extending to the anterior horn, and meniscal flounce in the medial meniscus without tear. There was grade 2 chondral inhomogeneity in the posterior medial aspect of the lateral tibial plateau, mild joint effusion with synovitis, small popliteal cyst, and mild proximal patellar tendinosis with edema in Hoffa's fat pad. Conservative treatment included non-steroidal anti-inflammatory drugs (NSAIDs), tramadol, Ketoprofen cream, Flexeril, physical therapy, bracing, and activity modification. Records documented that the injured worker was seen by the orthopedic surgeon who recommended a left knee arthroscopy with partial meniscectomy. The 3/9/15 treating physician report cited on-going neck and left knee pain. Left knee exam documented painful range of motion and joint line tenderness. The diagnosis was left knee lateral meniscus tear. The treatment plan recommended continued Naprosyn, Prilosec, and Flexeril, and home exercise. The treatment plan indicated that the arthroscopic surgery had been recommended that a medical clearance for surgery was required by the orthopedist. Authorization was requested for pre-operative medical clearance. The 3/18/15 utilization review non-certified the request for pre-operative medical clearance as there was no documentation of any medical issues that would warrant same.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative medical clearance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.guideline.gov/content.aspx?id=48408.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p.

Decision rationale: The California MTUS guidelines do not provide recommendations for pre-operative medical clearance. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Middle-aged females have known occult increased medical/cardiac risk factors. Guideline criteria have been met based on long-term use of non-steroidal anti-inflammatory drugs, and the risks of undergoing anesthesia. Therefore, this request is medically necessary.