

Case Number:	CM15-0071409		
Date Assigned:	04/21/2015	Date of Injury:	10/01/2013
Decision Date:	05/20/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/15/2015

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 was a 42 year old male, who sustained an industrial injury, October 1, 2013. The injured worker previously received the following treatments arthroscopic surgery, Tramadol, left knee x-ray, Tylenol, physical therapy, omeprazole and Orudis. The injured worker was diagnosed with left patellar tendinosis, status post arthroscopic surgery, fractures patella closed, dislocation of the knee, plica syndrome and chondromalacia of the patella. According to progress note of February 10, 2015, the injured workers chief complaint was left knee pain. The physical exam noted tenderness over the patellar tendon. There was pain with flexion. The primary physician's plan of care included another arthroscopic left knee surgery for patellar tendon debridement. The treatment plan included medical clearance and laboratory studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, Independent Medical Examinations and Consultations , page 127; Official Disability Guidelines (ODG) Treatment in Workers Comp, 20th Edition, 2015 Updates: Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7- Independent Medical Examinations and Consultations, page 127.

Decision rationale: ACOEM and MTUS are silent on consult for pre-op clearance as it relates to this industrial injury; however, does state along with ODG, when a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex in nature whereby additional expertise may analyze for causation, prognosis, degree of impairment, or work capacity clarification. It appears the patient has no clear internal medical symptoms as well as no clinical documentation was identified correlating to any internal medicine related diagnosis. Additionally, submitted reports have not adequately demonstrated evidence of prolonged use of medications to cause any internal organ concerns nor is there any medical treatment procedure or surgical plan delayed, hindering the recovery process of this industrial injury due to poorly controlled or treated internal medicine issues. The Pre-Op Medical Clearance is not medically necessary and appropriate.

Labs (CBC, CMP, UA, PT/PTT): Overturned

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 in Workers Comp, 20th Edition, 2015 Updates: Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Routine Lab Suggested Monitoring, page 70.

Decision rationale: MTUS Guidelines do not support the treatment plan of ongoing chronic pharmacotherapy with as chronic use can alter renal or hepatic function. Blood chemistry may be appropriate to monitor this patient; however, there is no documentation of significant medical history or red-flag conditions to warrant for a metabolic panel. The provider does not describe any subjective complaints besides pain, clinical findings, specific diagnosis involving possible metabolic disturbances, hepatic, renal, arthritic or autoimmune disease to support the lab works as it relates to this chronic musculoskeletal injuries. It is not clear if the patient is prescribed any NSAIDs; nevertheless, occult blood testing has very low specificity regarding upper GI complications associated with NSAIDs. Regardless, identifying any coagulation issues or having a baseline Hemoglobin/hematocrit level along with metabolic functions may be medically indicated prior to surgical procedure as in this case. Submitted reports have demonstrated the indication for pre-operative labs as appropriate precautionary measures prior to the surgery planned to rule out undue risks. The Labs (CBC, CMP, UA, PT/PTT) is medically necessary and appropriate.