

Case Number:	CM15-0076685		
Date Assigned:	04/28/2015	Date of Injury:	12/05/2014
Decision Date:	05/26/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/21/2015

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, Indiana, Oregon
 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 33 year old male, who sustained an industrial injury on December 5, 2014. He reported bending down and his knee popped. The injured worker was diagnosed as having knee sprain/strain. Treatment to date has included MRI and medication. Currently, the injured worker complains of right knee pain and swelling. The Primary Treating Physician's report dated March 23, 2015, noted a MRI scan from March 17, 2015, showed an oblique tear of the posterior horn and body of the medial meniscus along with a moderate joint effusion. Physical examination was noted to show persistent tenderness along the medial joint line with a positive McMurry's sign and a small knee joint effusion. The treatment plan was noted to include a request for authorization for right knee arthroscopic surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative internal medicine clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://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
<http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx>.

Decision rationale: CA MTUS and ODG are silent on the issue of preoperative clearance. Alternative guidelines were therefore referenced:
<http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx> States that patients greater than age 40 require a CBC; males require an ECG if greater than 40 and female is greater than age 50; this is for any type of surgery. In this case, the claimant is 33 years old and does not have any evidence in the cited records from 12/6/14 of significant medical comorbidities to support a need for preoperative clearance. Therefore, determination is not medically necessary.