

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Notice of Independent Medical Review Determination

Dated: 11/15/2013

[REDACTED]

[REDACTED]

Employee:

[REDACTED]

[REDACTED]

Date of UR Decision: 7/3/2013
Date of Injury: 9/13/2011
IMR Application Received: 7/29/2013
MAXIMUS Case Number: CM13-0004469

- 1) MAXIMUS Federal Services, Inc. has determined the request for **left knee arthroscopy is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **internal medicine office visit for pre-op clearance is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **pre-op labs: CBC, PT/PTT, urinalysis, CMP is medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **pre-op EKG is medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for **pre-op echocardiogram is medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for **pre-op chest x-rays is medically necessary and appropriate.**
- 7) MAXIMUS Federal Services, Inc. has determined the request for a **cervical pillow is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 7/3/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/7/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **left knee arthroscopy is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **internal medicine office visit for pre-op clearance is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **pre-op labs: CBC, PT/PTT, urinalysis, CMP is medically necessary and appropriate.**
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- 6) MAXIMUS Federal Services, Inc. has determined the request for **pre-op chest x-rays is medically necessary and appropriate.**
- 7) MAXIMUS Federal Services, Inc. has determined the request for a **cervical pillow is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 3, 2013.

CLINICAL SUMMARY: The patient sustained injuries to his cervical spine and bilateral knees when he fell on 09/13/11. On 04/03/13, the patient reported left knee pain rated 10/10 with giving way and right knee pain 7/10. He is not in therapy. He is working part time with restrictions. On exam, the patient had 2+ effusion in the left and right knee. He has an antalgic gait. There was joint line tenderness in the left and right knee. Range of motion on the left was 5-90 and on the right was 0-90. The treating provider has provided a diagnosis of bilateral knee meniscal tears and chondromalacia patella.

MRI of the left knee showed signs of myxoid degeneration of the lateral and medial menisci, and degenerative changes.

The patient was seen on 06/12/13. His pain is rated 9/10 in the bilateral knees. He feels worse. His physical therapy has not resolved the issue. On exam, he walks with a very antalgic gait. He is unable to squat. There is effusion rate 2 on each side. Range of motion was 0-80 on each side.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (received 7/29/2013)
- Utilization Review Determination (dated 7/3/2013)
- Employee Medical Records submitted by the claims administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for left knee arthroscopy:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 13, pg. 343-345 Surgical Considerations, which is a part of the Medical Treatment Utilization Schedule (MTUS).

The Expert Reviewer based his/her decision on American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 13, pg. 343-345 Surgical Considerations, which is a part of the Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

ACOEM Guidelines recommend a partial meniscectomy for symptoms other than simply pain with locking, popping, giving way, recurrent effusions, clear signs of bucket handle tear on exam, including tenderness over the suspected tear, but not over the entire joint line and consistent findings on MRI, which revealed a medial meniscal tear and chondromalacia of the patella. The requested surgery was previously non-certified, but performed on 07/26/13. Based on findings during the arthroscopic examination of the knee, an arthroscopic partial meniscectomy and plica excision and synovectomy were indicated. **The requested left knee arthroscopy is medically necessary and appropriate.**

2) Regarding the request for internal medicine office visit for pre-op clearance:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not base its decision on any evidence-based guidelines.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on The Merck Manual for Health Care Professionals, Online Version, Care of the Surgical Patient, Preoperative Evaluation.

Rationale for the Decision:

The Merck Manual for Health Care Professionals states that a formal preoperative evaluation is recommended, as it helps to minimize risk by identifying correctable abnormalities and determining whether additional monitoring is needed or whether a procedure should be delayed so that an underlying disorder, such as hypertension, hyperglycemia, or hematological abnormalities can be controlled optimally. Given the employee's history of hypertension and transient ischemic attacks, the requested preoperative evaluation is indicated and meets guideline recommendations. **The request for Internal Medicine office visit for pre-op clearance is medically necessary and appropriate.**

3) Regarding the request for pre-op labs: CBC, PT/PTT, urinalysis, CMP:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not base its decision on any evidence-based guidelines.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on Official Disability Guidelines (ODG), Online Version, Low Back – Lumbar & Thoracic (Acute & Chronic) Chapter: Preoperative Lab Testing which is not a part of MTUS.

Rationale for the Decision:

ODG guidelines recommend preoperative urinalysis for individuals undergoing invasive urological procedures or undergoing implantation of foreign material. However, as the employee is noted to have been diagnosed with benign prostatic hypertrophy, a urinalysis would be indicated. A CBC is recommended for individuals who have diseases that increase the risk of anemia or individuals in whom significant perioperative blood loss is anticipated. As the employee is noted to be taking aspirin daily, a CBC would be indicated, as would coagulation studies to assess the employee's bleeding time and for anemia or possible signs of occult bleeding. The employee is noted to take hydrochlorothiazide, a diuretic.

A comprehensive metabolic panel would be medically necessary to assess the employee's electrolytes. **The request for preoperative labs: CBC, PT/PTT, urinalysis and CMP is medically necessary and appropriate.**

4) Regarding the request for pre-op EKG:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not base its decision on any evidence-based guidelines.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on Official Disability Guidelines (ODG), Online Version, Low Back – Lumbar & Thoracic (Acute & Chronic), Chapter: Preoperative electrocardiogram (EKG) which is not a part of MTUS.

Rationale for the Decision:

ODG guidelines state individuals with signs or symptoms of active cardiovascular disease should be evaluation with appropriate testing regardless of their preoperative status. As the employee is noted to have a history of hypertension and transient ischemic attacks, the requested preoperative electrocardiogram is indicated. **The request for pre-op EKG is medically necessary and appropriate.**

5) Regarding the request for pre-op echocardiogram:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not base its decision on any evidence-based guidelines.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on The Merck Manual for Health Care Professionals, Online Version, Cardiovascular Disorders, Cardiovascular Tests and Procedures: Echocardiography.

Rationale for the Decision:

The Merck Manual states that echocardiography helps assess heart wall thickness (eg., in hypertrophy or atrophy) and motion and provides information about ischemia and infarction. The medical records provided for review indicate the employee had undergone an internal medicine preoperative consultation and an EKG was performed at that time, which noted a first-degree block.

The employee is noted to have a history of hypertension and transient ischemic attacks, and as such, the requested echocardiogram would be indicated to assess wall thickness and motion and to provide information about ischemia and infarct. **The request for a pre-op echocardiogram is medically necessary and appropriate.**

6) Regarding the request for pre-op chest x-rays:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not base its decision on any evidence-based guidelines.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on Official Disability Guidelines (ODG), Online Version, Low Back – Lumbar & Thoracic (Acute & Chronic), Chapter: Preoperative testing, general, which is not a part of MTUS.

Rationale for the Decision:

ODG guidelines recommend a chest X-ray for individuals at risk for postoperative pulmonary complications if the results would change perioperative management. As the employee is noted to have a history of transient ischemic attacks and to be on daily aspirin as an anticoagulant, the requested chest X-rays are indicated to assess for possible blood clots prior to surgery and give a baseline reading.

The request for pre-op chest X-rays is medically necessary and appropriate.

7) Regarding the request for a cervical pillow:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not base its decision on any evidence-based guidelines.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on Official Disability Guidelines (ODG), Online Version, Neck and Upper Back (Acute & Chronic) Chapter: Pillow.

Rationale for the Decision:

ODG guidelines recommend the use of a neck support pillow while sleeping in conjunction with daily exercise. The medical records provided for review do not indicate that the employee is performing a daily exercise program, so the need for a neck support pillow is not established. **The request for a cervical pillow is not medically necessary or appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH,
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.