

Case Number:	CM13-0003807		
Date Assigned:	12/13/2013	Date of Injury:	11/18/2006
Decision Date:	02/24/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	07/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine has a subspecialty in Cardiology, and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 33-year-old female who reported an injury on 11/18/2006. The patient is diagnosed with a 4 mm L4-5 disc protrusion, right L5 compression radiculopathy, bilateral facet hypertrophy with facet syndrome at L4-5 and L5-S1, and left grade 4 chondromalacia of the lateral patella, status post repair of 1998 and 2001. The patient was recently seen by [REDACTED] on 10/14/2013. The patient reported continuous severe left knee pain and lower back pain with left lower extremity pain. Physical examination revealed 180 degree extension in bilateral knees, 100 degree flexion on the right, diminished strength, and 2+ Achilles reflexes. Treatment recommendations included continuation of current medication, a left knee replacement, and a TENS unit

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op CBC: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS, 2010 Revision, Web Edition, and Official Disability Guidelines: Chapter Knee/Leg, Web Edition

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative lab testing.

Decision rationale: Official Disability Guidelines state preoperative testing, including chest radiography, laboratory testing, and echocardiography are often performed before surgical procedures. The decision to order preoperative testing should be guided by the patient's clinical history, comorbidities, and physical examination findings. As per the clinical notes submitted, there is no indication of significant medical history of comorbidities. There is no evidence of anemia or electrolyte abnormalities, or renal failure. The medical necessity for the requested preoperative lab testing has not been established. Therefore, the request is non-certified.

Chem panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the California MTUS, 2010 Revision, Web Edition, and Official Disability Guidelines: Chapter Knee/Leg, Web Edition.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative lab testing.

Decision rationale: Official Disability Guidelines state preoperative testing, including chest radiography, laboratory testing, and echocardiography are often performed before surgical procedures. The decision to order preoperative testing should be guided by the patient's clinical history, comorbidities, and physical examination findings. As per the clinical notes submitted, there is no indication of significant medical history of comorbidities. There is no evidence of anemia or electrolyte abnormalities, or renal failure. The medical necessity for the requested preoperative lab testing has not been established. Therefore, the request is non-certified.

Urinalysis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS, 2010 Revision, Web Edition, and Official Disability Guidelines: Chapter Knee/Leg, Web Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77 and 89.

Decision rationale: California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use of presence of illegal drugs. Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification, including the use of a testing instrument. As per the clinical notes submitted, the patient's injury was over 7 years ago to date, and there is no indication of noncompliance or misuse of medication. There is no evidence that this patient falls under a high risk category that would require frequent monitoring. Based on the clinical information received, the request is non-certified.

TENS unit rental x 14 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS, 2010 Revision, Web Edition, and Official Disability Guidelines: Chapter Knee/Leg, Web Edition

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

Decision rationale: The Physician Reviewer's decision rationale: California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration. As per the clinical notes submitted, there is no documentation of a failure to respond to appropriate pain modalities, including medication. California MTUS Guidelines further state a TENS unit is recommended as a treatment option for acute postoperative pain in the first 30 days postsurgery. As there is no indication that the patient's surgical intervention has been authorized, the current request cannot be determined as medically appropriate. Additionally, there is no documentation of a treatment plan, including the specific short and long term goals of treatment with the TENS unit. Based on the clinical information received, the request is non-certified.

Post operative physical therapy x 12 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS, 2010 Revision, Web Edition, and Official Disability Guidelines: Chapter Knee/Leg, Web Edition.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24,25.

Decision rationale: California MTUS Guidelines state initial course of therapy means one-half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. Treatment following a total arthroplasty of the knee includes 24 visits over 10 weeks. While the patient may meet criteria for 12 sessions of postoperative physical therapy following a total knee replacement, there is no indication that the patient's surgical procedure has been authorized. Therefore, the request for postoperative physical therapy is not medically necessary. Therefore, the request is non-certified.