MAXIMUS Federal Services

Case Number:	CM13-0029979		
Date Assigned:	11/27/2013	Date of Injury:	02/02/2013
Decision Date:	01/23/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/25/2013

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 Anesthesiology has a subspecialty in Pain Medicine and is licensed to practice in California and 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 40-year-old female with a reported date of injury on 02/02/2013. The patient presented with continuous pain in the neck with radiation to the upper back and bilateral upper extremities, numbness and tingling in the bilateral upper extremities, continuous pain in the low back with radiation to the bilateral lower extremities, numbness and tingling in the bilateral lower extremities, continuous left knee pain with radiation to the lower leg and foot, clicking, popping, and locking in the left knee, episodes of swelling in the left knee, constant numbness in the left lower extremity, decreased cervical spine range of motion, a positive left straight leg raise, positive lateral joint line tenderness in the left knee, tenderness to palpation over the lateral joint line and the lateral tibial plateau, limited left knee range of motion, and paraspinal spasms and tenderness to palpation in the lumbar spine. The patient had a negative right straight leg raise, negative Braggard's test bilaterally, negative femoral stretch test, negative Kemp's test bilaterally, a negative Patrick Faber test bilaterally, negative Valsalva maneuver bilaterally, negative anterior/posterior drawer test in the left knee, a negative medial/lateral stress test in the left knee, a negative McMurray's test in the left knee, a negative Lachman's test in the left knee, negative medial joint line tenderness, and negative crepitus in the left knee. The patient had diagnoses including cervical sprain/strain, brachial neuritis or radiculopathy, lumbar sprain/strain, lumbar disc protrusion, lumbar radiculopathy, left knee internal derangement, left ankle sprain/strain, anxiety, and depression. The physician's treatment plan included requests for 1 assistant surgeon, 1 internal medical clearance, 24 hr post-op physical therapy sessions, 1 x-ray of the cervical spine, 1 x-ray of the lumbar spine, 1 x-ray of the left knee, and 1 post-treatment photography.

IMR ISSUES, DECISIONS AND RATIONALES

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

One assistant surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

Decision rationale: The Physician Reviewer's decision rationale: ACOEM states referral for surgical consultation may be indicated for patients who have: activity limitation for more than one month; and failure of exercise programs to increase range of motion and strength of the musculature around the knee. Earlier, emergency consultation is reserved for patients who may require drainage of acute effusions or hematomas. Referral for early repair of ligament or meniscus tears is still a matter for study because many patients can have satisfactory results with physical rehabilitation and avoid surgical risk. An MRI of the left knee was performed on 01/02/2013 which revealed a detached osteophyte/loose body at the lateral aspect of the tibial plateau and mild knee joint effusion. Per the request for authorization included in the documentation, the physician noted the patient had a left knee internal derangement of the loose body with mechanical symptoms with range of motion, and a left knee arthroscopy was requested. However, the request for 1 assistant surgeon did not specify the specific surgical procedure the assistant would be required for. Therefore, the request for 1 assistant surgeon is neither medically necessary nor appropriate.

One internal medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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, Preoperative testing, general.

Decision rationale: The Physician Reviewer's decision rationale: The California MTUS guidelines and ACOEM do not specifically address. Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Routine preoperative tests are defined as those done in the absence of any specific clinical indication or purpose and typically include a panel of blood tests, urine tests, chest radiography, and an electrocardiogram (ECG). These tests are performed to find latent abnormalities, such as anemia or silent heart disease that could impact how, when,

or whether the planned surgical procedure and concomitant anesthesia are performed. Per the submitted request, the surgical procedure requested was unclear. As the surgical procedure was unclear, internal medical clearance for the surgical procedure would not be medically necessary. Therefore, the request for 1 internal medical clearance is neither medically necessary nor appropriate.