

Case Number:	CM13-0052124		
Date Assigned:	12/27/2013	Date of Injury:	11/15/2012
Decision Date:	08/22/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/15/2013

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. The expert reviewer is Board Certified in Occupational Medicine 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 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:

Patient is a 58-year-old female who has submitted a claim for left knee medial compartment degenerative joint disease, left ankle sprain, left nondisplaced tibial fracture, depression, and hypertension associated with an industrial injury date of 11/15/2012. Medical records from 2012 to 2013 were reviewed. Patient complained of left knee pain, graded 7/10 in severity. Physical examination of the left knee showed tenderness and restricted range of motion. McMurray's test was positive on the left. Pain was noted on valgus and varus stress test. Lachman's test was negative. There were no gross atrophy and swelling noted. Motor and reflexes were normal. Gait was antalgic. Treatment to date has included pool therapy, physical therapy, and medications such as Ultram, Motrin, Pepcid, Naprosyn, aspirin, and Cozaar. Utilization review from 11/05/2013 modified the request for postoperative physical therapy three times a week for six weeks into 2 x 6 because the guideline only recommends 12 visits following meniscectomy, modified the request for preoperative medical clearance and chest x-ray into medical clearance only because patient was a known hypertensive and chest x-ray was no longer considered necessary unless there was pulmonary pathology; denied preoperative psychiatric evaluation because of lack of rationale; and denied random urine toxicology screening because there was no evidence of aberrant drug behavior to warrant such.

IMR ISSUES, DECISIONS AND RATIONALES

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

POSTOPERATIVE PHYSICAL THERAPY THREE TIMES A WEEK FOR SIX WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: CA MTUS Post-Surgical Treatment Guidelines recommend post-operative physical therapy for 12 visits over 12 weeks for tear of medial / lateral cartilage / meniscus of knee. In this case, patient has been authorized to undergo left knee arthroscopy with medial meniscectomy. Post-operative physical therapy is commended for early recovery. However, the present request for 18 sessions exceeds guideline recommendation. There is no discussion concerning need for variance from the guidelines. Therefore, the request for postoperative physical therapy three times a week for six weeks is not medically necessary and appropriate.

PREOPERATIVE MEDICAL CLEARANCE AND CHEST X-RAY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Testing, General.

Decision rationale: CA MTUS does not specifically address preoperative testing. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that preoperative testing can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Chest radiography is reasonable for patients at risk of postoperative pulmonary complications. In this case, patient is a known hypertensive for five years and has been on metoprolol, losartan and aspirin as maintenance medications. She has been authorized to undergo left knee arthroscopy with medial meniscectomy. The need for preoperative medical clearance has been established. However, the present request as submitted also included chest x-ray. Medical records submitted and reviewed failed to provide evidence of pulmonary disease. There is no clear rationale for CXR at this time. Therefore, the request for preoperative medical clearance, chest x-ray is not medically necessary and appropriate.

PREOPERATIVE PSYCHIATRIC EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) <Chapter 7, Independent Medical Examinations and Consultations, page(s) <127>.

Decision rationale: As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, patient has been authorized to undergo left knee arthroscopy with medial meniscectomy. Past medical history was evident for depression. However, recent progress reports failed to provide subjective emotional complaints and mental status examination that may warrant psychological clearance. There was no clear indication for this request. Therefore, the request for preoperative psychiatric evaluation is not medically necessary and appropriate.

RANDOM URINE TOXICOLOGY SCREENING: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: Page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that urine drug screens are recommended as an option to assess order use or presence of illegal drugs and as ongoing management for continued opioid use. Screening is recommended randomly at least twice and up to 4 times a year. In this case, current treatment regimen includes Ultram, Motrin, Pepcid, Naprosyn, aspirin, and Cozaar. Urine drug screens from 8/21/2013 and 10/14/2013 were consistent with the prescribed medications. There was no evidence concerning aberrant drug behavior. The request is in accordance with screening recommendations. Therefore, the request for random urine toxicology screening is medically necessary and appropriate.