

Case Number:	CM13-0063954		
Date Assigned:	01/03/2014	Date of Injury:	06/08/1996
Decision Date:	04/15/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	12/10/2013

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 Orthopedic Surgery, 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 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:

The patient is a 44-year-old male who reported an injury on 06/08/1996. The mechanism of injury was not specifically stated. The patient is currently diagnosed with left knee medial meniscus tear, left knee lateral meniscus tear, left knee synovitis, left knee chondromalacia patella, left knee patella subluxation, left knee loose bodies, and left knee joint effusion. The patient was seen by [REDACTED] on 10/22/2013. The patient reported persistent left knee symptoms. Physical examination revealed quadriceps weakness, exquisite tenderness, decreased range of motion, and positive patella compression testing. Treatment recommendations included an arthroscopy of the left knee with meniscectomy, chondroplasty, synovectomy, lateral release of the patella, and removal of possible loose body. Additional postoperative equipment was also recommended in the form of a brace, a cryotherapy unit, and a left lower extremity compression pump with stockings. Preoperative medical clearance was also requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Norco 5/325 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Baseline pain and functional assessments should be made. As per the documentation submitted, Norco 5/325 mg was requested as a postoperative medication on 10/22/2013. However, there is no indication of a failure to respond to nonopioid analgesics. There is also no mention of a contraindication to the use of nonopioid analgesics postoperatively. Based on the clinical information received, the request is non-certified.

One postoperative knee brace: 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) Knee Complaints. In. Harris J (Ed), Occupational Medicine Practice Guidelines, 2nd Edition (2004) - pp. 339-340

Decision rationale: California MTUS/ACOEM Practice Guidelines state a brace can be used for patella instability, ACL tear, MCL instability, and is only necessary if the patient is going to be stressing the knee under load. In all cases, braces need to be properly fitted and combined with a rehabilitation program. As per the documentation submitted, there is no evidence of significant instability. The patient is scheduled to undergo a left knee arthroscopy. There are no guideline recommendations for a postoperative brace following an arthroscopy of the knee. The medical necessity has not been established. Therefore, the request is non-certified.

One cold therapy unit rental for six weeks: 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) Knee & Leg (Acute & Chronic

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Continuous Flow Cryotherapy

Decision rationale: Official Disability Guidelines state continuous flow cryotherapy is recommended as an option after surgery. Postoperative use generally may be up to 7 days, including home use. The current request for a cold therapy unit rental for 6 weeks greatly exceeds guideline recommendations. Therefore, the request is non-certified.

One motorized compression pump with stockings: 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) Knee & Leg Chapter, Venous Thrombosis

Decision rationale: Official Disability Guidelines recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures, such as consideration for anticoagulation therapy. Aspirin may be the most effective choice to prevent pulmonary embolism and venous thromboembolism in patients undergoing orthopedic surgery. As per the documentation submitted, there is no indication that this patient falls under a high risk category of developing postoperative venous thrombosis. There is also no mention of a contraindication to oral anticoagulation therapy as opposed to motorized unit. Based on the clinical information received, the request is non-certified.

One medical clearance: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG) Low Back Chapter, Preoperative Testing, General.

Decision rationale: Official Disability Guidelines state the decision to order preoperative testing should be guided by the patient's clinical history, comorbidities, and physical exam findings. As per the documentation submitted, there is no indication of a significant past medical history with comorbidities that would warrant the need for preoperative clearance. The medical necessity has not been established. As such, the request is non-certified.

Complete platelet count, white count, PFT, PT, PTT, hemoglobin A1C (if diabetic): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Collaborating Centre for Acute Care. Preoperative tests: the use of routine preoperative tests for elective surgery: evidence, methods & guidance. London (UK): National Institute for Clinical Excellence (NICE); 2003 Jun. 108 p [118 references].

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: Official Disability Guidelines state the decision to order preoperative testing should be guided by the patient's clinical history, comorbidities, and physical exam findings. As per the documentation submitted, there is no indication of a significant past medical history with comorbidities that would warrant the need for preoperative clearance. The medical necessity has not been established. As such, 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 Institute for Clinical Systems Improvement (ICSI). Postoperative evaluation. Bloomington (MN): 2006 Jul. 33 p [37 references]

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: Official Disability Guidelines state the decision to order preoperative testing should be guided by the patient's clinical history, comorbidities, and physical exam findings. As per the documentation submitted, there is no indication of a significant past medical history with comorbidities that would warrant the need for preoperative clearance. The medical necessity has not been established. As such, the request is non-certified.

Chest x-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Postoperative evaluation. Bloomington (MN): 2006 Jul. 33 p [37 references]

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: Official Disability Guidelines state the decision to order preoperative testing should be guided by the patient's clinical history, comorbidities, and physical exam findings. As per the documentation submitted, there is no indication of a significant past medical history with comorbidities that would warrant the need for preoperative clearance. The medical necessity has not been established. As such, the request is non-certified.

Electrocardiogram (EKG): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Postoperative evaluation. Bloomington (MN): 2006 Jul. 33 p [37 references]

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: Official Disability Guidelines state the decision to order preoperative testing should be guided by the patient's clinical history, comorbidities, and physical exam findings. As per the documentation submitted, there is no indication of a significant past medical

history with comorbidities that would warrant the need for preoperative clearance. The medical necessity has not been established. As such, the request is non-certified.

Pulmonary function test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Physicians- Medical Specialty Society. 2006 Apr. 18. 6 pages. NGC:004939

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

Decision rationale: Official Disability Guidelines state pulmonary function testing is recommended for specific indications. As per the documentation submitted, the requesting physician recommended pulmonary function testing as a form of preoperative medical clearance. However, there is no indication of a significant past medical history with comorbidities that would warrant the need for preoperative testing. Based on the clinical information received, the request is non-certified.

12 Physiotherapy Sessions: 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): 24-25.

Decision rationale: California MTUS Guidelines state the 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. Postsurgical treatment following a meniscectomy includes 12 visits over 12 weeks. Therefore, the current request for 12 physical therapy sessions exceeds guideline recommendations. Therefore, the request is non-certified.

12 Acupuncture sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated, and may be used as an adjunct to physical rehabilitation and/or surgical intervention. The time to produce functional improvement includes 3 to 6 treatments. Therefore, the current request for 12 sessions of acupuncture treatment greatly exceeds guideline recommendations. As such, the request is non-certified.

