

Case Number:	CM13-0071733		
Date Assigned:	01/08/2014	Date of Injury:	05/30/2013
Decision Date:	06/04/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/30/2013

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 Injured worker is a 50 year old male who reported an injury on 04/12/2013. The mechanism of injury was a fall. The request for authorization for the chest x-ray, EKG, laboratory work up, medical clearance exam was submitted on 10/30/2013. The clinical note dated 11/12/2013 noted the injured worker underwent left knee arthroscopic surgery on 10/03/2013, the injured worker admitted to mild improvement; however the injured worker was having increased instability to his left knee. The physical exam revealed a positive anterior drawer sign, a mild Lachman's test, a mild pivot shift test and mild swelling. Range of motion testing revealed 0-100 degrees of flexion and extension. The injured worker had diagnoses of right knee lateral meniscus tear, complete anterior cruciate ligament tear, tricompartment chondromalacia type 1-4, synovitis. The provider is requesting for ACL reconstructive surgery with chest x-ray, EKG, laboratory work up, medical clearance exam and pain pump.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHEST X-RAY: 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), Low Back Chapter.

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 injured worker reported mild improvement after left knee arthroscopic surgery with an increase instability. The Official Disability guidelines recommend chest radiography is reasonable for injured workers at risk of postoperative pulmonary complications if the results would change perioperative management. 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. It is unclear whether the benefits accrued from responses to true-positive tests outweigh the harms of false-positive preoperative tests and, if there is a net benefit, how this benefit compares to the resource utilization required for testing. An alternative to routine preoperative testing for the purpose of determining fitness for anesthesia and identifying patients at high risk of postoperative complications may be to conduct a history and physical examination, with selective testing based on the clinician's findings. There was a lack of documentation for the medical necessity for the chest x-ray. The guidelines recommend chest x-rays for injured workers who are at risk of postoperative pulmonary complications if the results would change perioperative management. There was a lack of documentation noting the injured worker had any pulmonary conditions which would indicate the need for a chest x-ray. Therefore, the request for a chest x-ray is non-medically necessary and appropriate.

ELECTROCARDIOGRAM (EKG): 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), Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back, Preoperative Electrocardiogram.

Decision rationale: The injured worker reported mild improvement after left knee arthroscopic surgery with an increase instability. The Official Disability guidelines recommend EKG for injured workers undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Injured workers undergoing low-risk surgery do not require electrocardiography. Injured workers with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Preoperative ECGs in injured workers without known risk factors for coronary disease, regardless of age, may not be necessary. Preoperative and postoperative resting 12-lead ECGs are not indicated in asymptomatic persons undergoing low-risk surgical procedures. Low risk procedures (with reported cardiac risk generally less than 1%) include endoscopic procedures; superficial procedures; cataract surgery; breast surgery; & ambulatory surgery. There is a lack of documentation indicating the injured worker has signs or symptoms of active cardiovascular

disease. Preoperative and postoperative resting 12-lead ECGs are not indicated in asymptomatic persons undergoing low-risk surgical procedures. It did not appear the injured worker had a diagnosis which would indicate their need for an EKG. The guidelines note ambulatory surgery to be low risk surgical procedures and therefore, do not require electrocardiography. Given the information above the request for an EKG is not medically necessary and appropriate.

LABORATORY WORK UP: 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) Low Back Chapter.

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 Lab Testing.

Decision rationale: The injured worker reported mild improvement after left knee arthroscopic surgery with an increase instability. The Official Disability guidelines recommend laboratory monitoring for the following: Preoperative urinalysis is recommended for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material; Electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure; Random glucose testing should be performed in patients at high risk of undiagnosed diabetes mellitus; In patients with diagnosed diabetes, A1C testing is recommended only if the result would change perioperative management; A complete blood count is indicated for patients with diseases that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated; Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants. The guidelines note preoperative additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in perioperative management. Laboratory tests, besides generating high and unnecessary costs, are not good standardized screening instruments for diseases. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. There was a lack of clinical findings of additional cormorbidities that would indicate the injured workers need for laboratory testing. It was unclear which specific labs were being requested. The requesting physicians rationale for the request was unclear. Therefore, the request for laboratory testing is not medically necessary and appropriate.

MEDICAL CLEARANCE EXAM: 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), Low Back Chapter.

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

Decision rationale: The injured worker reported mild improvement after left knee arthroscopic surgery with an increase instability. The Official Disability guidelines recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. The providers rationale for the request for a medical clearance exam is unclear. It was unclear as to what specifically is being requested. It was unclear if the injured worker was scheduled for surgery in the near future. Therefore, the request is not medically necessary and appropriate.

PAIN PUMP 2-3 DAYS: 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), Shoulder Chapter.

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, Office Visits.

Decision rationale: The injured worker reported mild improvement after left knee arthroscopic surgery with an increase instability. The Official Disability guidelines note postoperative pain pumps are not recommended. The guidelines note three recent moderate quality RCTs did not support the use of pain pumps. Before these studies, evidence supporting the use of ambulatory pain pumps existed primarily in the form of small case series and poorly designed, randomized, controlled studies with small populations. Much of the available evidence has involved assessing efficacy following orthopedic surgery, specifically, shoulder and knee procedures. A surgeon will insert a temporary, easily removable catheter into the shoulder joint that is connected to an automatic pump filled with anesthetic solution. This "pain pump" was intended to help considerably with postoperative discomfort, and is removed by the patient or their family 2 or 3 days after surgery. There is insufficient evidence to conclude that direct infusion is as effective as or more effective than conventional pre- or postoperative pain control using oral, intramuscular or intravenous measures. It was unclear if the injured worker was scheduled for surgery in the near future. Additionally, the guidelines do not recommend the use of a pain pump as the efficacy of pain pumps as opposed to conventional pre- or postoperative pain control using oral, intramuscular or intravenous measures. Given the clinical information submitted the guidelines do not support the use of a pain pump for 2-3 days, therefore, is not medically necessary and appropriate.

COLD THERAPY RENTAL, 7-10 DAYS: 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), Continuous Flow Cryotherapy.

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

Decision rationale: The injured worker reported mild improvement after left knee arthroscopic surgery with an increase instability. The Official Disability guidelines recommended cold therapy as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. It was unclear if the injured worker was scheduled for surgery in the near future. The request for use of continuous flow cryotherapy for 7-10 days postsurgically would exceed the guideline recommendations. Therefore, the request for cold therapy rental, 7-10 days is not medically necessary and appropriate.

CONTINUOUS PASSIVE MOTION (CPM), 21 DAYS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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) Knee, Continuous Passive Motion (CPM).

Decision rationale: The injured worker reported mild improvement after left knee arthroscopic surgery with an increase instability. The Official Disability guidelines recommend for in-hospital use or for home use in the patients at risk of a stiff knee, based on demonstrated compliance and measured improvements, but beneficial effect over regular physical therapy may be small. Routine home use of CPM has minimal benefit. The criteria for the use of continuous passive motion devices notes postoperative use may be considered medically necessary for 4-10 days, but no more than 21 days for the following surgical procedures; Total knee arthroplasty, Anterior cruciate ligament reconstruction if inpatient care, Open reduction and internal fixation of tibial plateau or distal femur fractures involving the knee joint. Given the clinical information submitted the request is unclear for the medical necessity of the CPM whether this will be for home use or in patient care use. In addition, the providers request for CPM for 21 days exceeds the guideline recommendations. Therefore, is not medically necessary and appropriate.