

<b>Case Number:</b>	CM14-0005646		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	10/20/2013
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2014

### 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 Management, 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 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 48 year-old male who has filed a claim for right knee medial meniscal tear associated with an industrial injury date of October 20, 2013. Review of progress notes reports right knee pain and instability. Patient reports swelling of the knee upon walking, and feeling of weakness. Findings include swelling, Lachman laxity, positive pivot shift, and positive McMurray with mild crepitus. Right knee MRI from November 2013 showed changes consistent with prior partial meniscectomy, residual or recurrent flap tear at the posterior horn of the medial meniscus, chronic full-thickness tear of the ACL graft fibers, scarring and thickening of the PCL and MCL, and moderate medial compartment arthrosis. Treatment to date has included Tylenol, NSAIDs, physical therapy, right ACL repair. Patient has been authorized for a right knee ACL reconstruction revision with post-operative bracing. Utilization review from January 09, 2014 denied the request for purchase of cold therapy unit as there is no rationale for a purchase; preoperative lab work for CBC, CMP, PT/PTT, UA as these are not medically necessary; and preoperative electrocardiogram (EKG) as this is not considered necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PURCHASE OF 1 COLD THERAPY UNIT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM PRACTICE GUIDELINES, CHAPTER 13,

**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:** The California MTUS does not address this topic. According to the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the ODG was used instead. The ODG indicates that continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In this case, although the employee may benefit from cryotherapy, there is no indication for purchase as guideline recommends a 7-day period of use only. Therefore, the request for cold therapy unit purchase is not medically necessary.

**PREOPERATIVE LAB WORK FOR CBC, CMP, PT/ PTT, UA:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM PRACTICE GUIDELINES, CHAPTER 13,

**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:** The California MTUS does not address this topic. According to the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the ODG was used instead. The ODG indicates that the decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Preoperative routine tests are appropriate if patients with abnormal tests will have a modified approach. Urinalysis is indicated for patients undergoing urologic procedures and implantation of foreign material. Electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications predisposing them to electrolyte abnormalities or renal failure. Random glucose testing should be performed in patients at high risk of undiagnosed diabetes mellitus. A1C testing is recommended if the result would change perioperative management. Complete blood count is indicated in patients with risk of anemia or in whom significant 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. In this case, the employee does not have conditions as mentioned above to provide a need for the requested preoperative laboratory tests. Therefore, the request for preoperative lab work for CBC, CMP, PT/PTT, and UA is not medically necessary.

**PRE- OPERATIVE ELECTROCARDIOGRAM (EKG):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM PRACTICE GUIDELINES, CHAPTER 13,

**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; Preoperative electrocardiogram (ECG)

**Decision rationale:** The California MTUS does not address this topic. According to the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the ODG was used instead. The ODG indicates that pre-op electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. In this case, there is no documentation that this employee has cardiovascular disease or symptoms referable to the cardiovascular system. The surgical procedure is not a high-risk procedure. Therefore, the request for preoperative EKG is not medically necessary.