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| Case Number: | CM14-0106552 | | |
| Date Assigned: | 08/04/2014 | Date of Injury: | 11/10/2013 |
| Decision Date: | 09/24/2014 | UR Denial Date: | 06/19/2014 |
| Priority: | Standard | Application Received: | 07/09/2014 |

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 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:

54 year old claimant with reported industrial injury on 11/10/13. Exam note from 5/1/14 demonstrates complaint of right knee pain. Radiographs of the right knee from 7/24/12 demonstrate normal findings. Repeat radiographs from 11/11/13 demonstrate moderate degenerative joint disease. MRI right knee on 12/20/13 shows oblique tear of the posterior horn of the medial meniscus with tricompartmental osteoarthritis with full thickness cartilage loss, as well as full thickness ACL tear with effusion. Exam note from 2/21/14 demonstrates no improvement in symptoms since last office visit. Exam demonstrates antalgic gait with moderate medial joint line tenderness, limited motion with extension of -5/0 degrees and flexion of 110/140 degrees and positive Lachman and drawer tests. Exam note on 6/20/14 demonstrates right knee pain. Associated numbness and tingling is reported. Exam demonstrates swelling, tenderness and grinding in the knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre operation medical clearance/ labs (Prothrombin time, Partial Thromboplastin Time, Central Venous Catheter, Urinalysis, chemistry panel): 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 Other Medical Treatment Guideline or Medical Evidence: <http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx>.

Decision rationale: Alternative guidelines were therefore referenced. States that patients greater than age 40 require a CBC; males require an ECG if greater than 40 and female is greater than age 50; this is for any type of surgery. In this case the claimant is 54 years old and does not have any evidence in the cited records of chronic medical conditions to support a need for preoperative clearance or labs for a routine knee arthroscopy. Therefore determination is for not medically necessary.

Cold therapy unit (rental or purchase) x 7 days rental: Overturned

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 and Leg Chapter, Cryotherapy.

Decision rationale: CA MTUS/ACOEM is silent on the issue of cyrotherapy. According to ODG, Knee and Leg Chapter regarding continuous flow cryotherapy it is a recommended option after surgery but not for nonsurgical treatment. It is recommended for upwards of 7 days postoperatively. In this case the request meets the guideline recommendation and is therefore certified.

Post operation knee brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines -TWC Knee and Leg chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

Decision rationale: CA MTUS / ACOEM states that a brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability although its benefits may be more emotional than medical. According to the ODG, Knee chapter, Knee brace section, knee braces may be appropriate in patients with one of the following conditions: knee instability, ligament insufficiency/deficiency, reconstructed ligament, articular defect repair, avascular necrosis, and specific surgical interventions. The cited medical records demonstrate the claimant is not experiencing specific laxity, instability, and ligament issues or has undergone surgical intervention. The patient is to undergo a routine arthroscopy. Therefore the request for durable medical equipment, knee brace, is not medically necessary.

Electrocardiogram: 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 Other Medical Treatment Guideline or Medical Evidence: <http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx>.

Decision rationale: Alternative guidelines were therefore referenced. States the patients greater than age 40 require a CBC; males require an ECG if greater than 40 and female is greater than age 50; this is for any type of surgery. In this case the claimant is 54 years old and meets guideline criteria for an EKG. Determination is for certification.

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 <http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx>.

Decision rationale: Alternative guidelines were therefore referenced. States that patients greater than age 40 require a CBC; males require an ECG if greater than 40 and female is greater than age 50; this is for any type of surgery. A chest Xray is recommended for chronic pulmonary conditions. In this case the claimant is 54 years old and does not have any evidence in the cited records of a chronic pulmonary condition to warrant a chest x-ray. Therefore determination is for non-certification.

Post operative medical clearance/labs (Complete Blood Count, Urinalysis, Chemistry panel): 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 <http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx>.

Decision rationale: Alternative guidelines were therefore referenced. States that patients greater than age 40 require a CBC; males require an ECG if greater than 40 and female is greater than age 50; this is for any type of surgery. In this case there is no indication for postoperative labs as the claimant has no known chronic medical conditions or bleeding disorders that would require postoperative labs. Therefore determination is for non-certification.