

<b>Case Number:</b>	CM14-0014132		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	06/12/2013
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2014

### 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 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:

The patient is a 59 year old male, DOI 6/12/14. He had a left knee injury and a subsequent MRI has revealed a complete ACL tear, medial and lateral complex meniscal tears, and articular cartilage damage. Surgery consisting of meniscectomy, chondroplasty and lateral release is planned. It is documented that he is a smoker; no other significant medical conditions are documented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PRE-OPERATIVE CLEARANCE TO INCLUDE PULMONARY FUNCTION TEST AND A CHEST X-RAY: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back; the National Guideline Clearinghouse.

**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://journals.lww.com/anesthesiology/Fulltext/2012/03000/Practice\\_Advisory\\_for\\_Preanesthesia\\_Evaluation\\_An.13.aspx](http://journals.lww.com/anesthesiology/Fulltext/2012/03000/Practice_Advisory_for_Preanesthesia_Evaluation_An.13.aspx) Pages 527-528.

**Decision rationale:** MTUS Guidelines do not address this issue. AHA Guidelines defer the issue of Chest X-rays to the Anesthesia Practice Advisory that is referenced above. The Advisory does not recommended pulmonary function studies or chest x-rays unless there are specific risk factors noted in the history and/or physical. Age by itself was not considered a risk factor to justify the testing.

**PRE-OPERATIVE LABS - CBC, CHEM 12, PT, PTT, UA AND HEMOGLOBIN A1C:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back, Preoperative lab testing.

**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 : AHA Guidelines on Perioperative Cardiovascular Evaluation and Care for Noncardiac Surgery, Basic health assessment.

**Decision rationale:** The prior UR reviewed authorized most of the routine pre-op labs, but denied clotting studies and diabetes screen. It is very common to provide 24-48 hour post op DVT prophylaxis with heparin or other agents, as such the clotting studies are recommended. The pre-op clotting studies and screening for high blood sugars is medically "reasonable enough" to consider medically necessary.

**POST-OPERATIVE TENS UNIT PLUS SUPPLIES FOR 5 MONTHS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous electrical nerve stimulation (TENS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TRANSCUTANEOUS STIMULATION Page(s): 116.

**Decision rationale:** Utilization review modified the request for a 5 month TENS unit use. A 30 day post op use is recommended in the MTUS guidelines. There is inadequate rationale to make an exception to the guidelines. The 5 month TENS unit is not medically necessary. Shorter term post op use can be supported.

**POST-OPERATIVE MICROCOOL CTU FOR 30-DAYS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & Leg Chapter, 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) Knee acute and chronic, Cryotherapy.

**Decision rationale:** Again, this request was modified in UR to approve a 7 day post op rental of a cooling unit which is consistent with Guideline recommendations. There are no compelling reasons to over ride the Guideline recommendations. The 30 day rental is not medically necessary even though use for a shorter time period can be supported in Guidelines.

**POST-OPERATIVE DME - KNEE BRACE AND DVT COMPRESSIONS PUMP WITH SLEEVES FOR 2-4WEEKS:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & Leg Chapter.

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

**Decision rationale:** Both a post operative brace and post operative DVT compression device was denied in U.R. The post operative brace is medically necessary given the complete ACL tear. The tear will allow some instability and motion which needs to be avoided given the chondroplasty. The brace is medically necessary. The DVT compression device was denied on the basis that there are no risk factors for developing a DVT. This surgery is a major risk factor for development of a DVT. The device appears medically reasonable and necessary.

**POST-OPERATIVE ACUPUNCTURE 2X 6:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The MTUS guidelines allow for a trial of up to 6 sessions of acupuncture for most painful conditions. The request for 12 is excessive and may be a bit pre-mature as the patient may do very well post operatively and trial of acupuncture would not be necessary. The request for 12 sessions is not medically necessary.

**POST-OPERATIVE PHYSICAL THERAPY 3X4 RIGHT KNEE:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

**Decision rationale:** The prior UR modified the request for 12 post op sessions stating that up to 12 sessions are recommended for meniscectomy and half of these should be authorized at a time. The surgery also included an arthroplasty (chondroplasty) and Guidelines recommend up to 24

post operative sessions. Even if only half of the recommended amount is authorized, this would cover the 12 requested. The 12 sessions are medically necessary.

**POST-OPERATIVE ULTRAM 50 MG QTY # 60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93.

**Decision rationale:** The Ultram was denied in U.R. given the fact that Hydrocodone 5/375 was authorized for post operative circumstances. In the immediate post operative state (up to 6 weeks) is not unusual to provide medications of different strengths i.e. use the Ultram as the main stay and take the Hydrocodone at night or at times the Ultram is inadequate. This appears "reasonable enough" during the time period that short term use is expected. If analgesics are utilized on a longer term basis (past 6 weeks), this may become problematic and a different conclusion would be warranted. For the intended short term use the request appears medically necessary.

**POST-OPERATIVE DME - HOME EXERCISE KIT FOR THE KNEE: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & Leg Chapter.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** There is no documentation that details what the home exercise kit contains. A significant number of post operative have been authorized and it is reasonable to expect this to commence prior to a home exercise program. If there are additional details forthcoming regarding kit supplies etc, this could be re-reviewed again, but at this time there are inadequate details to recommend approval.