MAXIMUS Federal Services

Case Number:	CM14-0018127		
Date Assigned:	04/16/2014	Date of Injury:	11/30/2009
Decision Date:	09/15/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	02/12/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 56 year old female who was injured on 11/30/2009 . She was later diagnosed with internal derangement of the right knee, deep vein thrombosis right leg due to restricted movement, insomnia, and sexual dysfunction. Treatment included physical therapy, topical analgesics, oral medications, TENS unit, surgery (right knee meniscectomy), hyalgan injections, and hot/cold wraps. Due to failing these treatments, she was recommended by her orthopedic physician that she needed arthroscopic surgery again. On 1/7/14, the worker was seen by her orthopedic surgeon reporting daily right knee pain (pain level 6-7/10) without medication, which limits her daily tasks as well as sleep. She reported no significant medical history. As a request had already at that time been approved for her right knee surgery, her surgeon on that date requested preop clearance including H&P, CBC, CMP, UA, chest x-ray, ECG, anesthesia, Norco, Zofran, gabapentin, amoxicillin, crutches, ReJuveness, and Polar Care cryotherapy to be done/used before during and after the surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRE-OPERATIVE 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 ACR appropriateness Criteria: routine admission and preoperative chest radiography (http://www.guideline.gov/content.aspx?id=35150).

Decision rationale: The MTUS does not specifically address pre-operative chest x-rays. Current guidelines do not support routine pre-operative chest x-rays. The available evidence does not support this as part of standard testing for individuals Pre-operative chest x-ray may be warranted in situations where there is actue cardiopulmonary disease suspected after history and physical or if the patient is older than 70 years old with stable cardiopulmonary disease without a recent chest x-ray. In the case of this worker, there was no evidence to suggest an x-ray was to be helpful as part of a pre-operative test. Therefore the request for Chest X-Ray is not medically necessary.

ONE PRE-OPERATIVE 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: ACC/AHA 2007 Guidelines on Perioperative Cardiovascular Evaluation and Care for Noncardiac Surgery: Executive Summary, October 2007 (http://content.onlinejacc.org/article.aspx?articleid=1138595&resultClick=3#fn10).

Decision rationale: The MTUS Guidelines do not address performing ECGs preoperatively. Current guidelines suggest that for low cardiovascular risk surgeries, such as knee arthroscopy, preoperative ECG is not helpful nor recommended for those who are not exhibiting symptoms related to cardiovascular symptoms. In the case of this worker, there was no evidence of such risk factors or symptoms reported found in the documents describing the patient's medical history. Therefore, the request for Preoperative ECG is not medically necessary.

21 DAY RENTAL OF POLAR CARE UNIT: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg section, Continuous-flow cryotherapy.

Decision rationale: with pump. The MTUS ACOEM Guidelines mention that at-home local applications of heat or cold for knee pain are as effective as those performed by therapists and can be used for the first few days following an injury, including surgery. The ODG also states that cold/heat packs applied at home are recommended as an option for acute knee pain for the first few days of acute complaints and thereafter as needed with either heat or cold as needed for acute exacerbations. The ODG also states that continuous-flow cryotherapy is recommended as

an option after knee surgery up to 7 days, but not for nonsurgical treatment. In the case of this worker, the request was for a rental of this unit for more than the recommended limit of 7 days. Therefore, the request for Polar Care Unit is not medically necessary.

ONE PRESCRIPTION OF AMOXICILLIN 875MG #20: 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: Bert JM, Antibiotic prophylaxis for arthroscopy of the knee: is it necessary?, Arthroscopy, 2007 Jan;23(1):4-6 (http://www.ncbi.nlm.nih.gov/pubmed/17210420).

Decision rationale: The MTUS Guidelines do not specifically address antibiotic prophylaxis for knee arthroscopy. Although research is limited in this area, a retrospective review, which involved over 3000 participants revealed that there was no significant reduction in the infection rate with antibiotic prophylaxis compared to without. In the case of this worker, the surgeon did not provide any evidence of a higher-than-average risk for post-surgical infection for this worker that might warrant antibiotic use, therefore, the request for Amoxicillin is not medically necessary.

ZOFRAN 8MG #20: 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), Pain section, Anti-emetic use for opioid-related nausea, Zofran.

Decision rationale: The MTUS is silent on the use of zofran. The ODG states that ondansetron (Zofran) is not recommended for nausea and vomiting secondary to chronic opioid use and is only approved for use in chemo-therapy induced pain or malignancy-induced pain. Antiemetics in general, as also stated in the ODG, are not recommended for nausea related to chronic opioid use, but may be used for acute short-term use (less than 4 weeks) as they have limited application for long term use. Nausea tends to diminish over time with chronic opioid use, but if nausea remains prolonged, other etiologies for the nausea must be evaluated for. Also there is no high quality literature to support any one treatment for opioid-induced nausea in chronic non-malignant pain patients. In the case of this worker, she was recommended Zofran for post-operative nausea. This specific medication choice is beyond what is medically necesssary for post-operative nausea, and with no evidence of current nausea, the request for Zofran is not medically necessary.

NEURONTIN 600MG #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GABAPENTIN (NEURONTIN).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-22.

Decision rationale: The MTUS Guidelines state that anti-epilepsy drugs (or anti-convulsants) are recommended as first line therapy for neuropathic pain as long as there is at least a 30% reduction in pain. If less than 30% reduction in pain is observed with use, then switching to another medication or combining with another agent is advised. Documentation of pain relief, improvement in function, and side effects is required for continual use. Preconception counseling is advised for women of childbearing years before use, and this must be documented. In the case of this worker, there was no definitive evidence of her pain being neuropathic in nature. Therefore the request for Neurontin is not medically necessary.

REJUVENESS #1 SILICONE SHEET: 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: ReJuveness Silicone Sheeting (http://www.rejuveness.com/c23/Silicone-Sheeting-c173.html).

Decision rationale: The MTUS Guidelines do not address ReJuveness Silicone Sheeting for use after knee surgery. ReJuveness silicone sheets are used to prevent hypertrophic scarring and reduce the poor appearance of keloid scarring. Although there may be a positive outcome with the use of this particular product, it is not discussed specifically in guidelines, and provides merely a cosmetic benefit. Therefore, the request for ReJuveness Silicone Sheet is not medically necessary.

ONE ELS ROM BRACE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340, 346.

Decision rationale: The MTUS ACOEM Guidelines state that knee braces may be used for patellar instability, anterior curciate ligament tears, or medical collateral ligament instability, although its benefits may be more emotional than medical. Usually the knee brace is only necessary in these cases if the patient is going to be stressing the knee under load, but for the average patient prophylactic knee bracing not recommended and unnecessary. In all cases, if a brace is used, it must be fitted properly and combined with a rehabilitation program. In the case

of this worker, she was prescribed use of the knee brace for post-arthroscopy use, which would not require a brace automatically, and there was no evidence in the documents provided for review that the worker was an exception to this recommendation. Therefore the request for ELS ROM Brace is not medically necessary.

One Pre-op CBC: 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 Danielson D, et al, Preoperative evaluation, Institute for Clinical Systems Improvement (ICSI); 2012 Jul. 61 p. [36 references] (http://www.guideline.gov/content.aspx?id=38289&search=preoperative+testing#Section420).

Decision rationale: The MTUS Guidelines do not specifically address preoperative blood testing. General guidelines suggest that specific blood testing in preparation for a surgical operation should be decided on based on the history and physical examination findings. Hemoglobin testing (part of the CBC or complete blood count test) may be considered in patients who have a history of anemia or history suggesting recent blood loss or anemia. In the case of this worker, there was no such history found in the documents available for review that would warrant the CBC testing. Therefore, the request for CBC is not medically necessary.

One Pre-op CMP: 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 Danielson D, et al, Preoperative evaluation, Institute for Clinical Systems Improvement (ICSI); 2012 Jul. 61 p. [36 references] (http://www.guideline.gov/content.aspx?id=38289&search=preoperative+testing#Section420).

Decision rationale: TThe MTUS Guidelines do not specifically address blood testing preoperatively. The CMP (comprehensive metabolic panel) includes a variety of tests including potassium, liver function testing, albumin, kidney function tests, and other electrolytes, and serves to review multiple organ systems. Potassium may be considered in patients that are taking medications that can affect potassium levels. Kidney function testing might be warranted in those with existing kidney insufficiency and considering an operation that includes testing or medications that might affect the kidney adversely in someone with kidney insufficiency. Liver testing is rarely required preoperatively unless some has existing liver disease in some cases. Electrolytes (besides potassium) are generally not helpful or necessary unless a patient has a history of an electrolyte disorder. In the case of this worker, there was no evidence found in the documents available for review that included a medical history that would warrant getting a CMP prepoperatively. Therefore, the request for CMP is not medically necessary.