

Case Number:	CM14-0130588		
Date Assigned:	08/29/2014	Date of Injury:	05/24/2014
Decision Date:	10/03/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/15/2014

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 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:

This is a 47 year old female with a 5/24/14 injury date. She tripped and fell, injuring her left knee. In a follow-up on 7/7/14, subjective complaints included pain in the lateral aspect of the left knee with kneeling, squatting, and climbing stairs, and no clicking or swelling. The patient reported that physical therapy and medications did not improve the symptoms. Objective findings included 2+ effusion, pain at the lateral joint line, and positive McMurray's. A physical therapy report from 7/11/14 states that the patient reports less pain and improved strength and shows good improvement overall, and that therapy was initiated on 6/12/14. An MRI of the left knee on 7/3/14 showed a parameniscal cyst along the periphery of the anterior horn of the lateral meniscus, suggesting central tear of the anterior horn extending to the periphery, and full-thickness chondrosis especially in the median eminence centrally. Diagnostic impression: left knee lateral meniscus tear. Treatment to date: physical therapy, activity modification, medications. A UR decision on 7/15/14 denied the request for left knee arthroscopy on the basis that the extent and duration of prior conservative treatment methods has not been established. The requests for assistant surgeon, pre-op EKG/exams, cold therapy unit/pads, and crutches, were denied because the surgical procedure was not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT KNEE ARTHROSCOPY, MENISECTOMY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee Chapter.

Decision rationale: CA MTUS states that arthroscopic partial meniscectomy usually has a high success rate for cases where there is clear evidence of a meniscus tear, symptoms other than simply pain, clear signs of a bucket handle tear on examination, and consistent findings on MRI. In addition, ODG criteria for meniscectomy include failure of conservative care. In the present case, it is not clear that a meniscus tear is present on the MRI, although there are suggestive findings. Clinically, the patient does not have red flag signs such as locking of the knee. Mainly, the extent and duration of conservative treatment is not clear, and it does not appear that specific methods such as cortisone injections have been tried. Regarding physical therapy, at the time of the request only one month of PT had been tried, and a PT note from 7/11/14 stated that the patient was improving. The criteria for knee arthroscopy with meniscectomy have not been met. Therefore, the request for left knee arthroscopy, meniscectomy, is not medically necessary.

ASSISTANT SURGEON: 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: American Academy of Orthopedic Surgeons (AAOS).

Decision rationale: CA MTUS and ODG do not address this issue. American Academy of Orthopaedic Surgeons Position Statement Reimbursement of the First Assistant at Surgery in Orthopaedics states on the role of the First Assistant: According to the American College of Surgeons: "The first assistant to the surgeon during a surgical operation should be a trained individual capable of participating and actively assisting the surgeon to establish a good working team. The first assistant provides aid in exposure, hemostasis, and other technical functions, which will help the surgeon carry out a safe operation and optimal results for the patient. The role will vary considerably with the surgical operation, specialty area, and type of hospital. "The first assistant's role has traditionally been filled by a variety of individuals from diverse backgrounds. Practice privileges of those acting as first assistant should be based upon verified credentials reviewed and approved by the hospital credentialing committee (consistent with state laws)." In general, the more complex or risky the operation, the more highly trained the first assistant should be. Criteria for evaluating the procedure include:-anticipated blood loss - anticipated anesthesia time -anticipated incidence of intraoperative complications -procedures requiring considerable judgmental or technical skills -anticipated fatigue factors affecting the surgeon and other members of the operating team -procedures requiring more than one operating team. In limb reattachment procedures, the time saved by the use of two operating teams is frequently critical to limb salvage. It should be noted that reduction in costly operating room

time by the simultaneous work of two surgical teams could be cost effective. In the present case, since the surgical procedure was not certified, an assistant surgeon will not be necessary. Therefore, the request for assistant surgeon is not medically necessary.

PRE-OP EKG/EXAMS: 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): ODG (Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter-Pre operative EKG and Lab testing). X Other Medical Treatment Guideline or Medical Evidence: ACC/AHA 2007 Guidelines on perioperative cardiovascular evaluation and care for noncardiac surgery.

Decision rationale: CA MTUS does not address this issue. ODG states that pre-op testing can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. 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. Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. The ACC/AHA 2007 Guidelines on perioperative cardiovascular evaluation and care for noncardiac surgery state that in the asymptomatic patient, a more extensive assessment of history and physical examination is warranted in those individuals 50 years of age or older. In the present case, since the surgical procedure was not certified, a pre-operative medical evaluation will not be necessary. Therefore, the request for pre-op EKG/exams is not medically necessary.

DME (PURCHASE); CTU AND PADS: 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)

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

Decision rationale: CA MTUS does not address this issue. ODG states 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 the present case, since the surgical procedure was not certified, a post-op cold therapy unit will not be necessary. Therefore, the request for DME (PURCHASE); CTU AND PADS is not medically necessary.

CRUTCHES: 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)

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

Decision rationale: CA MTUS does not address this issue. ODG states that walking aids are recommended, with almost half of patients with knee pain possessing a walking aid. In the present case, since the surgical procedure was not certified, post-op crutches will not be necessary. Therefore, the request for crutches is not medically necessary.