

Case Number:	CM14-0169963		
Date Assigned:	10/23/2014	Date of Injury:	05/21/2009
Decision Date:	12/31/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/15/2014

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 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:

This is a 47 year old male with a 5/21/09 injury date. In a 9/10/14 note, the patient complained of right knee pain with grinding. Objective findings included lateral compartment crepitus on motion, audible grinding extension to neutral, and flexion to 120 degrees. The patient had a right total knee replacement about 2 years ago. Previous x-rays have shown excellent implant positioning with no evidence of loosening. The provider recommended right knee arthroscopic debridement and synovectomy for the current symptoms. The patient previously had a left knee arthroscopy after total knee replacement for the same issue with a good result. Diagnostic impression: status post right total knee replacement. Treatment to date includes a right total knee replacement (12/17/12) with impinging tissue/synovium. A UR decision on 9/29/14 denied the request for right knee arthroscopic debridement because there was no imaging study provided for review and no evidence of comprehensive conservative treatment protocol. The requests for labs, chest x-ray, EKG, and physical therapy were denied because the associated procedure was not certified. Treatment to date: right total knee replacement (12/17/12) with impinging tissue/synovium. A UR decision on 9/29/14 denied the request for right knee arthroscopic debridement because there was no imaging study provided for review and no evidence of comprehensive conservative treatment protocol. The requests for labs, chest x-ray, EKG, and physical therapy were denied because the associated procedure was not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy with debridement: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Diduch DR, Scuderi GR, Scott WN, Insall JN, Kelly MA. The Efficacy of Arthroscopy following Total Knee Replacement. Arthroscopy. 1997 Apr; 13(2):166-171.

Decision rationale: CA MTUS and Official Disability Guidelines (ODG) do not address the issue of knee arthroscopy in the presence of a total knee replacement. The article by Diduch et al found that arthroscopy is a safe, effective tool for managing certain problematic knee replacements, especially "clunks," and may help to avoid revision or arthrotomy in some cases. The rates of successfully relieving symptoms without recurrence according to operative diagnosis were 82% for "clunks," 60% for other impinging synovium or soft tissue, and 63% for arthrofibrosis. In this case, the patient is two years status post right total knee arthroplasty and has audible and palpable grinding during range of motion, as well as continued knee pain. A left knee arthroscopy successfully treated the patient's similar problem about one year prior. An arthroscopic debridement of soft tissue impinging around the implant is appropriate. Therefore, the request for right knee arthroscopy with debridement is medically necessary.

Associated surgical service: Pre operative CBC (Complete Blood Count) and CMP (Comprehensive Metabolic Panel): 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), Low Back Chapter, Preoperative EKG and Lab testing.

Decision rationale: CA MTUS does not address this issue. Official Disability guidelines (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. Given the certification of the associated procedure and the patient's age of 47, preoperative labs are appropriate. Therefore, the request for pre-operative CBC (complete blood count) and CMP (comprehensive metabolic panel) is medically necessary.

Associated surgical service: Chest x-ray: 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), Low Back Chapter, Preoperative EKG and Lab testing

Decision rationale: CA MTUS does not address this issue. Official Disability Guidelines (ODG) states that chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. Given the certification of the associated procedure and the patient's age of 47, a preoperative chest x-ray is appropriate. Therefore, the request for chest x-ray is medically necessary.

Associated surgical service: EKG (Electrocardiogram): 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), Low Back Chapter, Preoperative EKG and Lab Testing

Decision rationale: CA MTUS does not address this issue. Official Disability Guidelines (ODG) states that electrocardiography is recommended for patients undergoing high-risk surgery and those who are undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. Given the certification of the associated procedure and the patient's age of 47, a preoperative EKG is appropriate. Therefore, the request for EKG (electrocardiogram) is medically necessary.

Associated surgical service: Post operative physical therapy for the right knee, 3 times a week for 4 weeks: 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 Chapter, Physical Medicine Treatment

Decision rationale: CA MTUS does not address this issue. Official Disability Guidelines (ODG) supports 12 physical therapy sessions over 12 weeks after the surgical treatment of meniscal lesions, loose bodies, and chondromalacia. Given the certification of the associated procedure, post-op physical therapy is appropriate for a maximum of 12 sessions. Therefore, the request for postoperative physical therapy for the right knee, 3 times a week for 4 weeks, is medically necessary.