

Case Number:	CM14-0021478		
Date Assigned:	05/07/2014	Date of Injury:	03/12/2013
Decision Date:	08/06/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/20/2014

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 48-year-old who has filed a claim for right knee chondromalacia patella and degenerative osteoarthritis associated with an industrial injury date of March 12, 2013. Review of progress notes indicates inability to extend right elbow without pain, lateral right knee pain with mild swelling, and right hip pain. Findings of the include decreased right elbow, knee, and ankle range of motion; tenderness over the right elbow, iliotibial band, lateral joint line of the right knee, and right ankle; antalgic gait with limited heel and toe walking; positive subpatellar crepitus and varus stress test on the right knee; right calf atrophy; and positive anterior drawer sign on the right ankle. X-rays of the right knee dated November 28, 2013 showed lateral patellar tilt. X-rays of the right elbow showed moderate multiple loose bodies with decreased space at the lateral radiocapitellar joint, and presence of osteophytes. X-rays of the ankle showed large osteophyte at the medial malleolus. MRI of the right knee dated December 26, 2013 showed post-surgical changes of the medial meniscus, small joint effusion, and findings suggestive of patellofemoral malalignment. MRI of the right elbow showed osteoarthritis in the humeral-radial and humeral-ulnar articulations, partial thickness tear of the ulnar collateral ligament, and tendinosis with a partial thickness tear and degeneration of the common extensor tendon. Treatment to date has included NSAIDs (non-steroidal anti-inflammatory drugs), and right knee arthroscopy on July 12, 2013 with post-operative physical therapy. The patient has been deemed a surgical candidate for repeat surgery to the right knee, but there has not been authorization for the said surgery. Utilization review from January 31, 2014 denied the requests for pre-operative clearance labs (CBC, CMP, PT, PTT, UA) chest x-rays, EKG; post-op DME: knee brace, cold therapy; and 12 sessions of post-op physical therapy as a request for right knee arthroscopy was not certified in utilization review dated January 23, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative clearance for labs (CBC,CMP,PT,PTT,UA), chest x-rays, and EKG (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 Official Disability Guidelines (ODG) Low Back chapter, Preoperative lab testing.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. ODG states that the decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Preoperative routine tests are appropriate if patients with abnormal tests will have a modified approach. Urinalysis is indicated for patients undergoing urologic procedures and implantation of foreign material. Electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications predisposing them to electrolyte abnormalities or renal failure. Random glucose testing should be performed in patients at high risk of undiagnosed diabetes mellitus. A1C testing is recommended if the result would change perioperative management. Complete blood count is indicated in patients with risk of anemia or in whom significant blood loss is anticipated. Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants. Previous utilization review determination, dated January 23, 2014, did not certify the request for repeat right knee arthroscopy. Therefore, the request for pre-operative clearance for labs (CBC, CMP, PT, PTT, UA), chest x-rays, and EKG is not medically necessary or appropriate.

Post-operative knee brace and cold therapy unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 340.

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, Knee brace; Continuous-flow cryotherapy.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, criteria for use prefabricated knee braces include knee instability, ligament insufficiency/deficiency, reconstructed ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental osteoarthritis, and tibial plateau fracture. Custom fabricated knee braces may be used in patients with abnormal limb

contour, skin changes, severe osteoarthritis, maximal off-loading of painful or repaired knee compartment, or severe instability. The 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 seven days, including home use. Previous utilization review determination, dated January 23, 2014, did not certify the request for repeat right knee arthroscopy. Therefore, the request for Post-operative knee brace and cold therapy unit is not medically necessary or appropriate.

Twelve sessions of post-operative physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 48.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The Post-Surgical Treatment Guidelines recommends post-surgical physical therapy treatment, with the amount of visits depending on the type of surgery. For dislocation of patella, the postsurgical regimen is twelve visits over twelve weeks. However, previous utilization review determination, dated January 23, 2014, did not certify the request for repeat right knee arthroscopy. The specified type of surgery was also not indicated. Therefore, the request for Twelve sessions of post-operative physical therapy is not medically necessary or appropriate.