

<b>Case Number:</b>	CM14-0033953		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	05/11/2010
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2014

### 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 60 year old female who reported an industrial injury to the left knee on 5/11/2010, over 4 years ago, attributed to the performance of her customary job tasks. The patient was documented to have undergone left knee arthroscopy with partial medial and lateral meniscectomies, synovectomy, and chondroplasty on 10/25/2013. A preoperative request for medical clearance included; echocardiography; duplex scan; Doppler echo and color flow; Plethysmography total body; Spirometry; pharmacological management; Electrocardiogram; and venipuncture labs. The preoperative evaluation noted only a history of hypertension and control blood pressure with a documented reading of 124/64. The patient was certified for a preoperative Electrocardiogram and venipuncture with labs. The patient was also treated by pain management for a lumbar radiculopathy and lumbar facet arthropathy. The patient was prescribed tramadol 50 mg; gabapentin 300 mg; Cymbalta 30 mg; Senokot; tizanidine 2 mg; and Butrans 10 mcg patches. The patient is noted to complain of neck pain, low back pain, and left leg pain with weakness.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Echocardiography DOS 10/17/13:** 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: General disciplinary guidelines for the practice of medicine.

**Decision rationale:** There were no objective findings documented preoperatively to support the medical necessity of the performed Echocardiogram on 10/17/2013. There were no vascular issues identified or assessed in the objective findings documented upon examination preoperatively to support the medical necessity of the performed Echocardiogram. There were no provided diagnoses to support medical necessity. There was no demonstrated medical necessity for the performed Echocardiogram for the preoperative clearance of this patient for the procedure of arthroscopy to the left knee. The echocardiogram is not demonstrated to be medically necessary for the treatment of the patient and is not supported with objective evidence with a rationale for the preoperative evaluation of the patient for clearance to have arthroscopy of the left knee. The patient was documented to have controlled hypertension and was not demonstrated to have any objective findings on physical examination to warrant a preoperative echocardiogram. The patient has been documented to have diagnoses of back issues and HTN; however, there are no documented clinical changes requiring an Echocardiogram. The treating physician provided no rationale supported with objective findings on examination to support medical necessity. The test is simply ordered without providing evidence to support medical necessity. There is no indication that the echocardiogram is required to establish the patient current status as to the diagnosed hypertension, which appears to have responded to first line anti-hypertensive medication treatment. The evaluation for left ventricular hypertrophy or hypertensive heart disease is a screening examination and not demonstrated to be medically necessary for the effects of the industrial injury. The request for the echocardiogram was not supported with objective evidence to demonstrate medical necessity, or demonstrated to be directly, or temporally related to the effects of the industrial injury. The hypertension is speculated to be due to chronic pain; however, there is no evidence provided to support this contention. There is no demonstrated medical necessity to evaluate the end organ effects of the cited and documented hypertension for the treatment of the patient in relation to the effects of the industrial injury. There is no demonstrated medical necessity for the preoperatively performed echocardiogram with data service 10/17/2013. Therefore, Echocardiography DOS 10/17/13 is not medically necessary.

**Duplex Scan DOS 10/17/13:** 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: General disciplinary guidelines for the practice of medicine.

**Decision rationale:** There were no objective findings documented preoperatively to support the medical necessity of the performed duplex scan on 10/17/2013. There were no vascular issues identified or assessed to support the medical necessity of the performed duplex scan. There was no demonstrated medical necessity for the performed duplex scan for the preoperative clearance

of this patient for the procedure of arthroscopy to the left knee. Duplex ultrasonography (more commonly but less correctly known as duplex ultrasound) is a form of medical ultrasonography that incorporates two elements: Grayscale Ultrasound to visualize the structure or architecture of the body part. No motion or blood flow is assessed. This is the way plaque is directly imaged in a blood vessel, with the reader typically commenting on cross sectional narrowing (greater than 70% is typically considered worthy of treatment). Color-Doppler Ultrasound to visualize the flow or movement of a structure typically used to image blood within an artery. Blood flow velocities increase through a region of narrowing, like a finger pressing up against the end of a running garden hose. Increased velocities indicate a region of narrowing or resistance (velocities greater than 250 cm/s typically considered worthy of treatment). Both displays are presented on the same screen ("duplex") to facilitate interpretation. Therefore, Duplex Scan DOS 10/17/13 is not medically necessary.

**Doppler Echo and color flow DOS 10/17/13: 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: General disciplinary guidelines for the practice of medicine.

**Decision rationale:** There were no objective findings documented preoperatively to support the medical necessity of the performed Doppler Echo with color flow on 10/17/2013. There were no vascular issues identified or assessed in the objective findings documented upon examination preoperatively to support the medical necessity of the performed Doppler Echo with color flow. There were no provided diagnoses to support medical necessity. There was no demonstrated medical necessity for the performed Doppler Echo with color flow for the preoperative clearance of this patient for the procedure of arthroscopy to the left knee. There was no rationale provided to support the medical necessity of the Carotid Artery Doppler Study in relation to the industrial injury other than the patient was being cleared preoperatively for surgical intervention to the left knee. There is no objective evidence of a vascular issue. The patient was not demonstrated to have a carotid bruit on examination. There were no objective findings on examination on 3/11/2013 to support the medical necessity. Therefore, Doppler Echo and color flow DOS 10/17/13 is not medically necessary.

**Plethysmography - Total Body DOS 10/17/13: 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: General disciplinary guidelines for the practice of medicine.

**Decision rationale:** There were no objective findings documented preoperatively to support the medical necessity of the performed total body Plethysmography on 10/17/2013. There were no vascular issues identified or assessed in the objective findings documented upon examination preoperatively to support the medical necessity of the performed Plethysmography for the total body. There were no provided diagnoses to support medical necessity. There was no demonstrated medical necessity for the performed total body Plethysmography for the preoperative clearance of this patient for the procedure of arthroscopy to the left knee. Plethysmography is used to measure changes in volume in different parts of the body. This can help check blood. The test may be done to check for blood clots in the arms and legs, or to measure how much air you can hold in your lungs. Such as, Plethysmography - Total Body DOS 10/17/13 is not medically necessary.

**Spirometry DOS 10/17/13: 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) Pulmonary Chapter-PFTs Other Medical Treatment Guideline or Medical Evidence: General disciplinary guidelines for the practice of medicine.

**Decision rationale:** There were no objective findings documented preoperatively to support the medical necessity of the performed Spirometry on 10/17/2013. There were no pulmonary issues identified or assessed to support the medical necessity of the performed Spirometry for a surgical procedure medical clearance. There was no demonstrated medical necessity for the performed Spirometry for the preoperative clearance of this patient for the procedure of arthroscopy to the left knee. The request for authorization was not supported with subjective or objective findings on examination. The Spirometry tests were requested as a screening examination without a rationale to support medical necessity. There was no demonstrated medical necessity for the requested Spirometry tests 20 months after the date of injury for the reported symptoms of palpitations and prior SOB. The patient was not noted to have any airway testing in the office with a portable Spirometry prior to requesting Spirometry tests. There is no objective evidence provided on examination, 3 years after the DOI, of a pulmonary injury or reactive airway disease. The patient is not noted to have dyspnea or shortness of breath at the present time. There is no noted etiology or cause with the Spirometry tests being provided as screening testing. There is no documentation of any objective findings to the pulmonary system or lung examination in the Objective findings on examination. The requesting provider has established no nexus for the requested Spirometry tests to the effects of the industrial injury versus the incidental findings associated with the underlying medical issues of the patient. The request was a screening study to rule out interstitial lung disease. Therefore, Spirometry DOS 10/17/13 is not medically necessary.

**Pharmacological Management DOS 10/17/13: 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: General disciplinary guidelines for the practice of medicine.

**Decision rationale:** The request for postoperative pharmacological management was not demonstrated to be medically necessary and was not requested by the attending orthopedic surgeon who was to perform the left knee arthroscopy. There was no rationale supported by objective evidence to support the medical necessity of the requested pharmacological management of this patient. Therefore, Pharmacological Management DOS 10/17/13 is not medically necessary.