

Case Number:	CM14-0039327		
Date Assigned:	06/27/2014	Date of Injury:	03/25/2013
Decision Date:	08/08/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/03/2014

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:

The claimant is a 27-year-old with an industrial injury dated March 25, 2013. Previous surgery is listed as a left ankle ligament repair on July 25, 2013. Patient has tried conservative treatments such as physical therapy, a brace, rest, injections, and medication all in which are undated. MRI dated November 19, 2013 demonstrates anteromedial soft tissue edema in which could be related to the prior small joint effusion. Exam note February 26, 2013 states a lateral tilt of the left patella with a positive apprehension sign. Exam note June 3, 2014 demonstrates patient returned with a chief complaint of leg pain. Diagnosis includes patellofemoral malalignment of the left knee with recurrent subluxation. Patient has a suggested treatment plan to proceed with operative arthroscopy of the left knee with subcutaneous lateral release, use a cold therapy unit, electric stimulation unit, and attend physical therapy three times a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical clearance, CBC (complete blood count), BMP (basic metabolic panel), PT/PTT (prothrombin time/partial thromboplastin time), and UA (urinalysis): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.guideline.gov/content.aspx?id=38289>.

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:<http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx>.

Decision rationale: CA MTUS and ODG are silent on the issue of preoperative clearance. Alternative guidelines were therefore referenced. The website BringhamandWomans.org states that patients greater than age 40 require a CBC; males require an ECG if greater than 40 and female is greater than age 50; this is for any type of surgery. In this case the claimant is 27 years old and does not have any evidence in the cited records to support a need for preoperative clearance. Therefore, the request for Medical clearance, CBC, BMP, PT/PTT, and UA, is not medically necessary or appropriate.

An electrical stimulation 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): 339.

Decision rationale: The Knee Complaints Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines states that, some studies have shown that transcutaneous electrical neurostimulation (TENS) units and acupuncture may be beneficial in patients with chronic knee pain, but there is insufficient evidence of benefit in acute knee problems. Therefore the request for an electrical stimulation unit is not medically necessary or appropriate.