MAXIMUS Federal Services

Case Number:	CM14-0047074		
Date Assigned:	07/02/2014	Date of Injury:	07/05/2013
Decision Date:	08/01/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/14/2014

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 Surgeon, and is licensed to practice in Texas. 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 injured worker is a 58-year-old male who reported an injury on 07/05/2013. The injury reported was when the injured worker was loading a trailer, there was a gap between the trailer, causing the injured worker to take a large step forward. The diagnoses include left knee pain, left knee medial meniscus tear, and left knee lateral meniscus tear. Previous treatments include medication, x-rays, physical therapy. In the clinical note dated 11/12/2013, it was reported the injured worker complained of pain in his left knee. He reported swelling and popping to his left knee. Upon the physical examination of the left knee, the provider noted significant posterior medial joint line tenderness. He indicated the injured worker had a negative Lachman, grind, apprehension, and drawer test. The most recent note submitted on 01/02/2014 does not include an examination of the left knee and, therefore, a recent and thorough examination was not provided for review. The provider requested 1 medical clearance and 12 postoperative physical therapy visits. However, a rationale was not provided for clinical review. The request for authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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, Preoperative testing, general.

Decision rationale: The request for 1 medical clearance is non-certified. The injured worker complained of left knee pain with swelling and popping. The Official Disability Guidelines note preoperative testing including chest radiograph, electrography, lab testing and urinalysis is often performed before surgical procedures. These investigations 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, physical examination findings. Patients with signs and symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high risk surgeries and those undergoing immediate risk surgeries who have additional risk factors. Routine preoperative tests are defined as those done in the absence of any specific clinical indication or purposes and typically include a panel of blood tests, urine test, chest radiography, and an electrocardiogram. These tests are performed to find latent abnormalities such as anemia or silent heart disease that impact how, when, or whether to plan a surgical procedure and concomitant anesthesia are performed. There is lack of documentation indicating the injured worker before diagnosed with cardiovascular disease. Additionally, the request submitted does not specify specific testing the provider would like performed. The request for medical clearance is non-certified.

Twelve (12) post-operative physical therapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The request for 12 postoperative physical therapy visits is non-certified. The injured worker complained of left knee pain with swelling and popping. The California MTUS Postsurgical Treatment Guidelines note controversy exist about the effectiveness of therapy after arthroscopic partial meniscectomy. Functional exercise after hospital discharge for total knee arthroplasty results in moderate short term, but not long term benefit. The guidelines note for a meniscal tear, postsurgical treatment total visits over 12 weeks. Postsurgical physical medicine treatment period of 6 months. The clinical documentation submitted does not specify the type of surgery the injured worker has undergone. There is lack of documentation indicating the injured worker has undergone the surgery. The guidelines also note an initial course of therapy means half of the number of visits specified in the general course of therapy for a specific surgery in the postsurgical physical medicine treatment recommendations set forth. Additionally, the request submitted of 12 sessions exceeds the guideline recommendations of an initial course of therapy as 6 visits. In addition the request does not specify a treatment site. Therefore, the request for 12 postoperative physical therapy visits is non-certified.