

<b>Case Number:</b>	CM14-0050278		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	05/11/2011
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2014

### 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 55-year-old female injured in a work-related accident on May 11, 2011. The records available for review note that the claimant is status post prior left total knee arthroplasty in 2012 and that she had a difficult postoperative course. The claimant required a manipulation under anesthesia six weeks postoperatively, as well as postoperative treatment with aggressive physical therapy, medication management, activity restrictions and work modification. At a March 5, 2014, clinical visit, a diagnostic arthroscopy for scarred tissue retraction was recommended. This request is for use of an assistant surgeon and preoperative medical clearance, laboratory testing and electrocardiogram.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** California MTUS ACOEM Guidelines would not support an electrocardiogram. The reviewed records contain no documentation of underlying cardiac history or co-morbid diagnoses. In an otherwise healthy claimant scheduled to undergo a diagnostic arthroscopy, the request for a preoperative electrocardiogram is not medically necessary and appropriate.

**Labs: Comprehensive Metabolic Panel, Chem 7, Prothrombin Time and Partial Thromboplastin Time:** 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** California MTUS ACOEM Guidelines would not support preoperative laboratory testing that would include prothrombin and partial thromboplastin time. The reviewed records contain no documentation of anticoagulant use or hematology-related, co-morbid diagnoses. In an otherwise healthy claimant scheduled to undergo a diagnostic arthroscopy, the request for labs: Comprehensive Metabolic Panel, Chem 7, Prothrombin Time and Partial Thromboplastin Time are not medically necessary and appropriate.

**Medical Evaluation for Surgical Clearance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, Knee & Leg and Indications for Surgery.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** California MTUS ACOEM Guidelines would not support preoperative medical clearance. The reviewed records contain no documentation of underlying medical history or co-morbid diagnoses that would suggest an increased risk of adverse outcome. In an otherwise healthy claimant scheduled to undergo a diagnostic arthroscopy, the request for medical evaluation for surgical clearance is not medically necessary and appropriate.

**Assistant Surgeon:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, Knee & Leg and Indications for Surgery.

**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: Milliman Care Guidelines 18th edition: assistant surgeonAssistant Surgeon Guidelines (Codes 29240 to 29894) CPTÂ® Y/N Description 29881 N Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed.

**Decision rationale:** California MTUS ACOEM Guidelines would not support the use of an assistant surgeon due to the arthroscopic nature of the knee surgery and the size of the surgical field. Therefore, the request for an assistant surgeon is not medically necessary and appropriate.