

Case Number:	CM14-0053279		
Date Assigned:	07/07/2014	Date of Injury:	09/18/2008
Decision Date:	08/28/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/21/2014

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 60-year-old female who has submitted a claim for lumbar spine musculoligamentous injury with discopathy, chronic low back pain, lumbar spine radiculitis, lumbar spine herniated nucleus pulposus with canal stenosis, bilateral shoulder bicipital tendinitis, bilateral shoulder impingement syndrome right greater than left, right shoulder acromioclavicular arthrosis, bilateral wrist pain, bilateral wrist overuse syndrome, left median nerve neuritis, bilateral knee patellofemoral syndrome, right knee medial meniscus tear, status post right knee arthroscopy, and stress, anxiety and depression associated with an industrial injury date of September 18, 2008. Medical records from 2013-2014 were reviewed. The patient complained of left knee pain. The pain makes her have a difficult time walking. The pain gets worse with prolonged standing and walking. Physical examination showed medial and lateral joint line tenderness of the left knee. There was limited range of motion. McMurray's test was positive. Motor strength on the left knee was 4/5 for knee extension and 5/5 for knee flexion. MRI of the left knee dated August 28, 2012 revealed globular increased signal intensity, posterior horn, medial meniscus, most consistent with intrasubstance degeneration. Treatment to date has included medications, physical therapy, cognitive behavior therapy, home exercise program, activity modification, lumbar epidural steroid injections, and left knee corticosteroid injection. Utilization review, dated March 27, 2014, denied the request for 1 preoperative urinalysis, 1 preoperative chest x-ray, 1 preoperative electrocardiography, and 6 physical therapy sessions because the left knee intra-articular injection, arthroscopy with medial meniscectomy and debridement was not authorized and there were no noted comorbidities.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Pre operative Urinalysis: 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. In this case, the patient is not yet authorized to undergo left knee arthroscopy with meniscectomy and debridement as well as intra-articular injection. Furthermore, there is no documentation of renal or genitourinary problems, or of upcoming urologic procedures, to necessitate a pre-operative urinalysis. Therefore, the request for 1 Pre operative Urinalysis is not medically necessary.

pre operative chest x-ray: 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 testing, general.

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 pre-op testing 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, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. In this case, the patient is not yet authorized to undergo left knee arthroscopy with meniscectomy and debridement as well as intra-articular injection. Furthermore, there is no indication of pulmonary disease or other conditions in this patient that would increase the risk of post-operative pulmonary complications. Therefore, the request for pre operative chest x-ray is not medically necessary.

Pre operative Electrocardiography: 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, Preoperative electrocardiogram (ECG).

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 pre-op testing 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, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. In this case, the patient is not yet authorized to undergo left knee arthroscopy with meniscectomy and debridement as well as intra-articular injection. Furthermore, there is no indication of any cardiovascular disease or other conditions in this patient that would increase the risk of post-operative cardiovascular complications. Therefore, the request for Pre operative Electrocardiography is not medically necessary.

6 Physical Therapy Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Meniscectomy, Knee.

Decision rationale: According to the CA MTUS Post-Surgical Treatment Guidelines, Knee Section, the recommended post-surgical treatment for patients who underwent meniscectomy are 12 visits over 12 weeks. In this case, the patient was requested a minimum of six sessions of physical therapy postoperatively to regain his range of motion. However, the patient is not yet authorized to undergo left knee arthroscopy with meniscectomy and debridement as well as intra-articular injection. Furthermore, the present request failed to specify the body part to be treated. Therefore, the request for 6 Physical Therapy Sessions is not medically necessary.