

<b>Case Number:</b>	CM14-0074356		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	10/20/2013
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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, has a subspecialty in Pediatric Orthopedics and is licensed to practice in Texas and Colorado. 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 48-year-old male who reported an injury on 10/20/2013. The mechanism of injury was not provided. On 04/24/2014, the injured worker presented with right knee weight bearing limitations due to pain. Upon examination, there was an antalgic gait favoring the right knee in a flexed position and an inability to fully extend at the heel strike. There was a kinesio tape in place for edema control. There was mild synovitis. Range of motion from 0 to 120. There was 4/5 strength in the quadriceps and pain to the medial aspect of the knee with resistance. There was generalized tenderness to palpation to the medial joint line and a lacking of terminal knee extension at the heel strike due to pain with weight bearing. Diagnoses were sprain of the cruciate ligament knee, tear of the medial meniscus of the knee, tear of the lateral meniscus of the knee, chondromalacia of the patella, and joint pain of the left leg. The injured worker was 10 weeks status post right knee ACL reconstruction with allograft. The provider recommended a preoperative EKG, laboratory work consisting of CBC, CMP, PT, and PTT with INR, medical clearance, and cold therapy unit. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-operative EKG:** 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, Pre op General.

**Decision rationale:** The Official Disability Guidelines state preoperative testing is often performed before surgical procedures. The investigations can be helpful to stratify risks, 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 injured worker's clinical history, comorbidities, and physical exam findings. Injured workers with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of the preoperative status. An alternative to routine preoperative testing for the purpose of determining fitness for anesthesia and identifying injured workers at high risk for postoperative complications may be to conduct a history and physical examination, with selective testing based upon the clinical findings. The included medical documentation lacked evidence of physical exam findings and a clinical history that would indicate a high surgery risk for the injured worker. As such, the medical necessity has not been established.

**Laboratory work consisting of CBC, BMP, PT, PTT WITH INR:** 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, Pre Op General.

**Decision rationale:** The Official Disability Guidelines state preoperative testing is often performed before surgical procedures. The investigations can be helpful to stratify risks, 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 injured worker's clinical history, comorbidities, and physical exam findings. Injured workers with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of the preoperative status. An alternative to routine preoperative testing for the purpose of determining fitness for anesthesia and identifying injured workers at high risk for postoperative complications may be to conduct a history and physical examination, with selective testing based upon the clinical findings. The included medical documentation lacked evidence of physical exam findings and a clinical history that would indicate a high surgery risk for the injured worker. As such, the medical necessity has not been established.

**Medical clearance:** 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, Pre Op General.

**Decision rationale:** The Official Disability Guidelines state preoperative testing is often performed before surgical procedures. The investigations can be helpful to stratify risks, 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 injured worker's clinical history, comorbidities, and physical exam findings. Injured workers with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of the preoperative status. An alternative to routine preoperative testing for the purpose of determining fitness for anesthesia and identifying injured workers at high risk for postoperative complications may be to conduct a history and physical examination, with selective testing based upon the clinical findings. The included medical documentation lacked evidence of physical exam findings and a clinical history that would indicate a high surgery risk for the injured worker. As such, the medical necessity has not been established.

**Purchase of a Cold Therapy Unit:** 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) Knee & Leg, Continuous Flow Cryotherapy.

**Decision rationale:** The Official Disability Guidelines recommend continuous flow cryotherapy as an option after surgery for up to 7 days including home use. The request for a cold therapy unit purchase exceeds the guideline recommendations. The provider's request does not indicate the site at which the cold therapy unit was indicated for in the request as submitted. As such, medical necessity has not been established.