

<b>Case Number:</b>	CM14-0098304		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	11/07/2005
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 58-year-old gentleman who sustained an injury to the left knee on 11/07/05. Clinical records for review include a 05/28/14 progress report indicating ongoing bilateral knee discomfort, left greater than right. Examination of the left knee identified pain with McMurray's testing. The records document that the claimant was status post right total joint arthroplasty on 06/20/12 and there was no documentation of postoperative complaints. The report of an MRI from 05/06/14 revealed a complex tear of the medial meniscus with associated chondral change and significant degenerative disease of the medial joint space and patellofemoral joint space. Treatment to date has included medications, bracing, physical therapy and rest. The records document certification by Utilization Review for surgery for knee arthroscopy with removal of displaced medial meniscal fragment. This review is for requests for 14 day use of a cryotherapy device, preoperative laboratory testing, and the use of a surgical assistant, perioperative use of Orthovisc injections to the left knee, postoperative medication in the form of Norflex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) Cold compression Unit use for fourteen (14) days: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Knee and Lower Leg (Acute and Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure - Continuous-flow cryotherapy.

**Decision rationale:** Based on California ACOEM Guidelines and supported by Official Disability Guidelines, the request for 4 day use of a cryotherapy device would not be indicated. While ACOEM Guidelines support the use of cold applications for pain control, the Official Disability Guidelines do support the use of cryotherapy following knee arthroscopy for up to seven days including home use. The request for 14 days of use in this case would exceed the ODG Guidelines and thus not be recommended as medically necessary.

**Pre-op labs-Complete Blood Count (CBC):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2006 Jul.; National Collaborating Centre for Acute Care. Preoperative tests: the use of routine preoperative tests for elective surgery: evidence, methods & guidance. London (UK): National Institute for Clinical Excellence (NICE); 2003 Jun. 108 p.

**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 ACOEM Guidelines would not support the role of pre-op labs-Complete Blood Count (CBC), as this individual fails to demonstrate any acute underlying comorbidity or medical diagnosis to support the need for the requested laboratory testing in question.

**Pre-op labs-Comprehensive Metabolic Panel (CMP):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2006 Jul.; National Collaborating Centre for Acute Care. Preoperative tests: the use of routine preoperative tests for elective surgery: evidence, methods & guidance. London (UK): National Institute for Clinical Excellence (NICE); 2003 Jun. 108 p.

**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 ACOEM Guidelines would not support the role of Pre-op labs- Comprehensive Metabolic Panel (CMP) as the documentation fails to identify any acute underlying comorbidity or medical diagnosis to support the need for the requested laboratory testing in question.

**One (1) surgical assistant:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: CPT Procedure Code Index "2" CPT Codes Musculoskeletal System Surgery; Centers for Medicare and Medicaid Services (CMS), Physician Fee Schedule Search, CPT Code 29881 and 29877 (<http://www.cms.gov/apps/physician-fee-schedule/overview.aspx>).

**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 Surgeon Guidelines.

**Decision rationale:** California MTUS and ACOEM Guidelines are silent. Looking at Milliman Care Guidelines, an assistant surgeon for a knee arthroscopy is not supported. Presently Milliman Guidelines do not recommend the use of an assistant surgeon for an arthroscopic meniscectomy. Request in this case would not be supported.

**Orthovisc injection series of three (3) to the left knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee and Leg (Acute and Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure.

**Decision rationale:** The California MTUS and ACOEM Guidelines do not address this request. Looking at Official Disability Guidelines, the request for Orthovisc injections to the left knee would not be indicated. While this individual has underlying degenerative arthrosis, he is also scheduled to undergo a knee arthroscopy. The concordant use of viscosupplementation injections in the setting of a recent knee surgery would not be indicated. The Orthovisc Injections would not be supported in the perioperative window of care. The use of viscosupplementation in addition to a knee arthroscopy for meniscectomy purposes would not be indicated.

**Norflex 100mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 63.

**Decision rationale:** The California MTUS Chronic Pain Guidelines would not support postoperative use of Norflex. Currently muscle relaxants are not indicated as standard of care following knee arthroscopic procedures. There would be no acute clinical indication for the postoperative use of a muscle relaxant given the claimant's current working diagnosis and operative procedure in question.