

Case Number:	CM14-0165438		
Date Assigned:	10/10/2014	Date of Injury:	10/28/2008
Decision Date:	05/15/2015	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/07/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 53-year-old male who reported injury on 10/28/2008. The mechanism of injury was the injured worker fell out of the back of a truck. The diagnoses included right knee osteoarthritis, meniscal tear and severe chondromalacia. The treatment plan included a preoperative diagnostic urinalysis, preoperative diagnostic tests including a chest x-ray and electrocardiogram, a knee brace and an assistant surgeon. The documentation of 09/18/2014 revealed the injured worker underwent a diagnostics and operative arthroscopy of the right knee in 06/2010. The injured worker was utilizing a knee unloader brace. The physical examination revealed range of motion from 0 to 130 degrees with positive patellofemoral crepitation and positive grind and pain to the medial joint line, pain with deep squat and tenderness to palpation to the medial compartment with trace effusion on the left. The injured worker had tenderness to palpation over the right knee and to the lateral compartment as well as the injured worker's strength was 4/5 bilaterally. The injured worker had a positive McMurray's and Apley's compression test to the left. The treatment plan included a revision diagnostic and operative arthroscopy in regard to the large chondral defect. Preoperative testing included a urinalysis, chest x-ray, EKG, assistant surgeon and knee brace for postoperative use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre Operative Chest X-Ray and Electrocardiogram: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Table 13-6.

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 electrocardiogram (ECG), Preoperative Testing, General.

Decision rationale: The Official Disability Guidelines indicate that chest radiography is reasonable for injured workers at risk of postoperative pulmonary complications if the results would change perioperative management and they indicate that EKGs are recommended for injured workers undergoing intermediate risk surgery which includes orthopedic surgery that is non-ambulatory. The clinical documentation submitted for review failed to indicate the injured worker had exceptional factors to support the necessity for a chest x-ray and EKG preoperatively. This request would not support. Given the above, the request for pre operative chest x-ray and electrocardiogram is not medically necessary.

Urinalysis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Table 13-6.

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 Official Disability indicates that the decision to order preoperative tests should be guided by the injured worker's clinical history, comorbidities, and physical examination findings. A preoperative urinalysis is recommended for injured workers undergoing invasive urologic procedures and those undergoing implantation of foreign material. The clinical documentation submitted for review failed to provide documentation the injured worker had comorbidities or physical examination findings to support the necessity for a urinalysis. Additionally, the injured worker was not noted to be undergoing a urologic procedure. Given the above, the request for a urinalysis is not medically necessary.

Knee Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Table 13-6.

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 Chapter, Knee brace.

Decision rationale: The Official Disability Guidelines indicate that postoperative bracing did not protect against re-injury, decreased pain or improved stability. There was a lack of documentation of exceptional factors to warrant non-adherence to guidelines recommendations. Given the above, the request for a knee brace is not medically necessary.

Assistant Surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Table 13-6.

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, Surgical assistant.

Decision rationale: The Official Disability Guidelines indicate that assistant surgeons are recommended as an option in more complex surgeries. There was a lack of documentation indicating the surgical intervention would be complex in nature. The rationale for the assistant surgeon was not provided. Given the above, the request for an assistant surgeon is not medically necessary.