

<b>Case Number:</b>	CM14-0178734		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	05/13/2014
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 45 year old male with an injury date of 05/13/14. Based on the 10/09/14 progress report provided by treating physician, the patient complains of left knee pain. Patient is status post anterior cruciate ligament (ACL) reconstruction 2005. Physical examination to the left knee revealed surgical scars from previous ACL reconstruction and evidence of unstable knee. Positive Lachman, anterior drawer, and pivot shift of the left knee. Provider is requesting "revision ACL reconstruction with Achilles tendon allograft as patient has significant instability." Per Request for Authorization form dated 10/16/14, provider is requesting "Medical Clearance, Hepatic panel, HIV panel, U/A, Chest X-Ray" for the diagnosis of "ACL Tear (revision)." Per UR letter dated 10/23/14, the request for "left knee revision diagnostic/op arthroscopic meniscectomy vs. repair debridement" was approved. Patient is temporarily totally disabled. MRI of the Left Knee 06/03/14- evidence of tear of the anterior cruciate ligament graft- evidence of changes consistent with arthrofibrosis and scar tissue in the joint- vertically oriented radial tear involving the body of the medial meniscus. Diagnosis/Assessment 10/09/14- left knee, previous history of ACL reconstruction in 2005- industrial injury to left knee- status post left knee MRI confirming a torn ACL graft - instability of left knee. The utilization review determination being challenged is dated 10/23/14. Treatment reports were provided from 05/13/14 - 10/09/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: medical clearance Qty: 1.00:** Overturned

**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 - Lumbar & Thoracic (Acute & Chronic) Chapter States: Routine Preoperative Tests.

**Decision rationale:** The patient presents with left knee pain. The request is for associated surgical service: medical clearance QTY: 1. Patient is status post ACL reconstruction 2005. Patient's diagnosis dated 10/09/14 included instability of left knee. MRI of the Left Knee dated 06/03/14 showed evidence of tear of the anterior cruciate ligament graft. Physical examination to the left knee on 10/09/14 revealed Positive Lachman, anterior drawer, and pivot shift of the left knee. With regards to medical clearance, ODG-TWC, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter states: "Routine preoperative tests are defined as those done in the absence of any specific clinical indication or purpose and typically include a panel of blood tests, urine tests, chest radiography, and an electrocardiogram (ECG). These tests are performed to find latent abnormalities, such as anemia or silent heart disease that could impact how, when, or whether the planned surgical procedure and concomitant anesthesia are performed. It is unclear whether the benefits accrued from responses to true-positive tests outweigh the harms of false-positive preoperative tests and, if there is a net benefit, how this benefit compares to the resource utilization required for testing. An alternative to routine preoperative testing for the purpose of determining fitness for anesthesia and identifying patients at high risk of postoperative complications may be to conduct a history and physical examination, with selective testing based on the clinician's findings." "Criteria for Preoperative lab testing:- Preoperative urinalysis is recommended for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material.- Electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure.- Random glucose testing should be performed in patients at high risk of undiagnosed diabetes mellitus.- In patients with diagnosed diabetes, A1C testing is recommended only if the result would change perioperative management.- A complete blood count is indicated for patients with diseases that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated.- Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants." UR letter dated 10/23/14 states that the request for "left knee revision diagnostic/op arthroscopic meniscectomy vs. repair debridement" was approved. Per Request for Authorization form dated 10/16/14, provider is requesting "Medical Clearance" for the diagnosis of "ACL Tear (revision)." It appears provider is requesting medical clearance to determine what pre-operative evaluation/lab/radiology are needed. ODG guidelines do support an evaluation to determine what is needed for pre-operative assessment. Therefore, the request is medically necessary and appropriate.

**Associated surgical service: Hepatic panel Qty: 1.00:** 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 - Lumbar & Thoracic (Acute & Chronic) Chapter states: Preoperative Testing, General.

**Decision rationale:** The patient presents with left knee pain. The request is for associated surgical service: hepatic panel QTY 1. Patient is status post ACL reconstruction 2005. Patient's diagnosis dated 10/09/14 included instability of left knee. MRI of the Left Knee dated 06/03/14 showed evidence of tear of the anterior cruciate ligament graft. Physical examination to the left knee on 10/09/14 revealed Positive Lachman, anterior drawer, and pivot shift of the left knee. With regards to medical clearance, ODG-TWC, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter states: "Preoperative testing, general: See Preoperative electrocardiogram (ECG); & Preoperative lab testing. Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, and urinalysis) is often performed before surgical procedures. These investigations 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 that undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography." For preoperative lab, ODG supports it when there is underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities. UR letter dated 10/23/14 states that the request for "left knee revision diagnostic/op arthroscopic meniscectomy vs. repair debridement" was approved. Per Request for Authorization form dated 10/16/14, provider is requesting "Hepatic panel" for the diagnosis of "ACL Tear (revision)." It appears provider is ordering hepatic panel as routine procedure. Provider has not discussed reason for the request, nor provided patient risk assessment. The patient is not on any list of medication that would predispose the patient to liver function problems, for example. The request is not medically necessary and appropriate.

**Associated surgical service: HIV panel Qty: 1.00: 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 - Lumbar & Thoracic (Acute & Chronic) Chapter States: Preoperative Testing, General.

**Decision rationale:** The patient presents with left knee pain. The request is for associated surgical service: HIV panel QTY: 1 Patient is status post ACL reconstruction 2005. Patient's diagnosis dated 10/09/14 included instability of left knee. MRI of the Left Knee dated 06/03/14 showed evidence of tear of the anterior cruciate ligament graft. Physical examination to the left

knee on 10/09/14 revealed Positive Lachman, anterior drawer, and pivot shift of the left knee. With regards to medical clearance, ODG-TWC, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter states: "Preoperative testing, general: See Preoperative electrocardiogram (ECG); & Preoperative lab testing. Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, and urinalysis) is often performed before surgical procedures. These investigations 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 that undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. " UR letter dated 10/23/14 states that the request for "left knee revision diagnostic/op arthroscopic meniscectomy vs. repair debridement" was approved. Per Request for Authorization form dated 10/16/14, provider is requesting "HIV panel" for the diagnosis of "ACL Tear (revision)." It appears provider is ordering HIV panel as routine procedure. Provider has not discussed reason for the request, nor provided patient risk assessment. Therefore, the request is not medically necessary.

**Associated surgical service: UA Qty: 1.00: 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 - Lumbar & Thoracic (Acute & Chronic) Chapter States: Preoperative Testing, General.

**Decision rationale:** The patient presents with left knee pain. The request is for associated surgical service: UA QTY: 1. Patient is status post ACL reconstruction 2005. Patient's diagnosis dated 10/09/14 included instability of left knee. MRI of the Left Knee dated 06/03/14 showed evidence of tear of the anterior cruciate ligament graft. Physical examination to the left knee on 10/09/14 revealed Positive Lachman, anterior drawer, and pivot shift of the left knee. With regards to medical clearance, ODG-TWC, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter states: "Preoperative testing, general: See Preoperative electrocardiogram (ECG); & Preoperative lab testing. Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, and urinalysis) is often performed before surgical procedures. These investigations 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." - Preoperative urinalysis is recommended for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material. UR letter dated 10/23/14 states that the request for "left knee revision diagnostic/op arthroscopic meniscectomy vs. repair debridement" was approved. Per Request for Authorization form dated 10/16/14,

provider is requesting "U/A" for the diagnosis of "ACL Tear (revision)." It appears provider is ordering urinalysis as routine procedure. Provider has not discussed reason for the request, nor provided patient risk assessment. The patient is not undergoing invasive urologic procedure and there is no implantation of foreign material. Therefore, the request is not medically necessary.

**Associated surgical service: chest x-ray Qty: 1.00:** 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 - Lumbar & Thoracic (Acute & Chronic) Chapter States: Preoperative Testing, General.

**Decision rationale:** The patient presents with left knee pain. The request is for associated surgical service: chest x ray QTY 1. Patient is status post ACL reconstruction 2005. Patient's diagnosis dated 10/09/14 included instability of left knee. MRI of the Left Knee dated 06/03/14 showed evidence of tear of the anterior cruciate ligament graft. Physical examination to the left knee on 10/09/14 revealed Positive Lachman, anterior drawer, and pivot shift of the left knee. With regards to medical clearance, ODG-TWC, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter states: "Preoperative testing, general: See Preoperative electrocardiogram (ECG); & Preoperative lab testing. Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, and urinalysis) is often performed before surgical procedures. These investigations 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." UR letter dated 10/23/14 states that the request for "left knee revision diagnostic/op arthroscopic meniscectomy vs. repair debridement" was approved. Per Request for Authorization form dated 10/16/14, provider is requesting "chest x-ray" for the diagnosis of "ACL tear (revision)." It appears provider is ordering chest x-ray as routine procedure. Provider has not discussed reason for the request, nor provided patient risk assessment. There is no evidence on review of the reports that the patient is at risk of postoperative pulmonary complications. Therefore, the request is not medically necessary.