

Case Number:	CM14-0205384		
Date Assigned:	12/17/2014	Date of Injury:	02/08/2011
Decision Date:	02/12/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/08/2014

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 patient is a 66-year-old male who has submitted a claim for complete rupture of rotator cuff, degenerative joint disease of the right knee, and status post left total knee replacement associated with an industrial injury date of February 8, 2011. Medical records from 2014 were reviewed. The patient complained of persistent right knee pain secondary to offloading from his left knee when he underwent left total knee replacement in February 2013. Physical examination of the right knee showed tenderness at the medial joint line, intact neurovascular status and antalgic gait. The MRI of the right knee from October 23, 2014 documented combination of chronic complete tearing of the anterior cruciate ligament with anterior translation of the tibia, and chronic appearing extensive tearing involving the medial meniscus with peripheral extrusion. There is moderate to severe degenerative changes of the medial compartment. Treatment to date has included left total knee replacement, activity restrictions and medications. The patient is certified to undergo right knee arthroscopy, synovectomy, and meniscectomy. The utilization review from December 5, 2014 modified the request for post-operative cold therapy unit 7 days rental or purchase into 7 days rental to meet guideline recommendation; modified the request for pre-operative clearance (labs, EKG, history and physical) into labs (CBC with diff, BMP, and UA), EKG, history and physical because the patient was certified to undergo right knee arthroscopy; and modified the request for postoperative physical therapy, quantity 12 into post operative physical therapy for the right knee, quantity 6 to meet the guideline recommendation concerning initial number of visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Labs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Preoperative lab testing

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; and 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-operative 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. In this case, the patient is certified to undergo right knee arthroscopy, synovectomy, and meniscectomy. The medical necessity for preoperative laboratories has been established given the patient's advanced age of 66 years old. However, the present request as submitted failed to specify the laboratory tests required to establish a preoperative clearance. Therefore, the request for associated surgical service: labs is not medically necessary.

Associated surgical service: post operative physical therapy; 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

Decision rationale: CA MTUS Post-Surgical Treatment Guideline recommends post-operative physical therapy for 12 visits over 12 weeks for dislocation of knee and tear of medial / lateral cartilage / meniscus of knee. Initial course of therapy means one half of the number of visits specified in the general course of therapy. With documentation of functional improvement, a subsequent course of therapy shall be prescribed. In this case, the patient is certified to undergo right knee arthroscopy, synovectomy, and meniscectomy. The medical necessity for postoperative physical therapy has been established. However, the present request as submitted exceeds the guideline recommendation of initial 6 trial visits. There is no discussion concerning need for variance from the guidelines. Therefore, the request for associated surgical service: post operative physical therapy; 12 sessions is not medically necessary.

Associated surgical service: cold therapy unit, 7 day rental or purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Continuous-flow cryotherapy.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. Cold therapy unit is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage. In this case, the patient is certified to undergo right knee arthroscopy, synovectomy, and meniscectomy. The medical necessity for cryotherapy has been established. However, the request as submitted is nonspecific if the device is for rental or purchase. Therefore the request for associated surgical service: cold therapy unit, 7 day rental or purchase is not medically necessary.