

Case Number:	CM14-0206446		
Date Assigned:	12/18/2014	Date of Injury:	11/11/2013
Decision Date:	02/17/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/10/2014

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 Family Practice 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:

This is a 34 year old male patient who sustained a work related injury on 11/11/13 Patient sustained the injury when he exited a vehicle and felt a pop in his right knee The current diagnoses include derangement of medial meniscus, pain in joint involving lower leg and asthma Per the doctor's note dated 8/25/14, patient has complaints of pain in the right knee with stiffness and he was using crutches for this injury Physical examination of the right knee revealed tenderness on palpation, no effusion, range of motion 3 short of full extension and 120 of flexion, pain with flexion, stable to varus and valgus stress test and negative Lachman, anterior drawer and posterior drawer test and normal cardiovascular examination The medication lists includes Norco The patient has had MRI of the right knee that revealed horizontal tear of lateral meniscal remnant and perimeniscal cyst; X-ray of the right knee that was normal Diagnostic imaging reports were not specified in the records provided. The patient's surgical history include right knee arthroscopy with partial medial and lateral meniscectomy, with chondroplasty of patella on 5/6/14 He had received cortisone injection for this injury Any operative/ or procedure note was not specified in the records provided The patient has received an unspecified number of post op PT visits for this injury. He was certified for 12 post op PT visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Services: Consultation and TOC for pre/post operative pain management: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CAMTUS/ACOEM Guidelines, Chapter 7, Pain Management Consultation

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, IME and consultations

Decision rationale: Per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Physical examination of the right knee revealed stable to varus and valgus stress test and negative Lachman, anterior drawer and posterior drawer test. Presence of any psychosocial factors was not specified in the records provided. Any plan or course of care that may benefit from the pain management consultation was not specified in the records provided. A detailed rationale for the pain management was not specified in the records provided. The medical necessity of the request for Consultation and TOC for pre/post operative pain management is not fully established for this patient.

Associated Surgical Services: Pre-operative medical clearance, EKG: 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) Low Back, Pre-operative 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 (updated 01/30/15), Preoperative electrocardiogram (ECG)

Decision rationale: As per cited guideline for Preoperative electrocardiogram (ECG) "Recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Preoperative ECGs in patients without known risk factors for coronary disease, regardless of age, may not be necessary. Preoperative and postoperative resting 12-lead ECGs are not indicated in asymptomatic persons undergoing low-risk surgical procedures. Low risk procedures (with reported cardiac risk generally less than 1%) include endoscopic procedures; superficial procedures; cataract surgery; breast surgery; & ambulatory surgery....." The patient is advised for Arthroscopic surgery of the right knee for partial medial Meniscectomy, Resection of ganglion cyst, chondroplasty, and debridement. The cited guideline recommends EKG for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors and Patients undergoing low-risk surgery do not require electrocardiography. Any evidence of signs or symptoms of active cardiovascular disease was not specified in the records provided. Any evidence of high-risk surgery or evidence of additional cardiovascular risk factors was not specified in the records provided. Physical examination

revealed normal cardiovascular examinationThe medical necessity of the request for Pre-operative medical clearance, EKG is not fully established in this patient.

Associated Surgical Services:Post operative cold therapy unit for rental for two weeks:
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) Knee and Leg Chapter, Continuous-Flow-Cryotherapy

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 (updated 01/30/15), Continuous-flow cryotherapy

Decision rationale: ACOEM and CA MTUS do not address this request. Therefore ODG used. Per the cited guidelines Continuous-flow cryotherapy is "Recommended as an option after surgery, but not for nonsurgical treatment....The available scientific literature is insufficient to document that the use of continuous-flow cooling systems (versus ice packs) is associated with a benefit beyond convenience and patient compliance (but these may be worthwhile benefits) in the outpatient setting... There is limited information to support active vs passive cryo units.. cryotherapy after TKA yields no apparent lasting benefits, and the current evidence does not support the routine use of cryotherapy after TKA"Any recent surgery or procedures related to this injury were not specified in the records provided.Any operative note was not specified in the records provided.The patient has received an unspecified number of post op PT visits for this injury.He was certified for 12 post op PT visitsThe response of the symptoms to a period of rest, oral pharmacotherapy and splint is not specified in the records provided.Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided.The medical necessity of the request for Post operative cold therapy unit for rental for two weeks is not fully established in this patient.