

Case Number:	CM14-0207964		
Date Assigned:	12/19/2014	Date of Injury:	07/19/2012
Decision Date:	02/18/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/12/2014

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: Pennsylvania

Certification(s)/Specialty: Internal 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 50-year-old male with a date of injury of July 19, 2012, at which time a bucket fell on him while he was working in a trench. He complained of neck pain, right shoulder pain, right knee pain, low back pain, and tinnitus. Diagnoses included carpal tunnel syndrome, rotator cuff tear, cervical/thoracic/lumbar spine sprain/strain, and right knee medial meniscal tear and patellofemoral chondromalacia. He underwent carpal tunnel surgery for carpal tunnel syndrome on 4/30/1. He has been treated with opioid medication for chronic pain. The injured worker was evaluated and treated by orthopedic surgery for the knee and shoulder issues. Treatment also included physical therapy, injections, and arthroscopic knee surgery and shoulder surgery. Work status remains temporarily totally disabled. Per progress notes provided, right knee magnetic resonance imaging (MRI) from January 24, 2013 showed patellofemoral degenerative chondral changes, with no evidence of internal derangement or meniscal tear. The full report of this MRI study was not provided. The injured worker had right knee arthroscopy, chondroplasty, and medial meniscus debridement on July 31, 2013, with finding of grade 3 to 4 chondral wear of the patellofemoral joint. He continued to complain of pain postoperatively. The injured worker has undergone 3 viscosupplementation injections with Supartz as well as steroid injections to the knee, with the third Supartz injection performed on May 15, 2014. He continues to have chronic knee pain. On July 17, 2014 the treating orthopedist documented that the injured worker "may need another cleanup of the knee. Long term, he will probably need to have a knee replacement." The orthopedist documented a plan to consider a second opinion regarding the knee before considering major reconstruction. A subsequent visit with the orthopedist on August

4, 2014, documents that the injured worker had a second opinion with regard to knee replacement and that he was not felt to be a good candidate for knee replacement at that time. The treating orthopedist recommended a Maquet type procedure with tibial tubercle osteotomy. A report from the primary treating physician from September 12, 2014 notes that the surgery was denied by the insurance company. On November 6, 2014, a consulting orthopedist documented examination findings of patellofemoral crepitus, positive patellofemoral grind, and minimal medial and lateral joint line tenderness. On November 17, 2014, the orthopedist documented that the injured worker continued to have a fair amount of pain along the medial and lateral joint lines, in addition to the patellofemoral joint, and that the best option would be a total knee replacement. A Request for Authorization for total knee replacement for diagnosis of degenerative joint disease of the right knee was submitted on November 20, 2014. At issue is whether a walker and preoperative clearance and testing are medically necessary. The documentation provided did not include a Utilization Review determination for the requested total knee replacement surgery. This review presumes that a surgery is planned and will proceed. On November 26, 2015, Utilization Review (UR) non-certified a request for a walker, preoperative clearance, electrocardiogram (EKG), prothrombin time (PT), partial thromboplastin time (PTT), complete blood count (CBC) and renal function panel, noting that the requested surgical procedure was not indicated and that preoperative evaluation and postoperative walker would not be indicated. The UR determination cited the Official Disability Guidelines and the Institute for Clinical Systems Improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associate surgical service: walker: 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 Chapter, Walking aids

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee section, topics: walking aids

Decision rationale: The MTUS is silent with regard to walking aids. The ODG states that assistive devices for ambulation can reduce pain associated with osteoarthritis, and that frames are wheeled walkers are preferable for patients with bilateral disease. There is no documentation of bilateral disease in the documentation provided; no issues with the left knee were documented. The request for associated surgical service: walker is not medically necessary.

Associated surgical service: pre-op clearance: Overturned

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, page 40

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines. Low Back Chapter, Preoperative testing, general; Smetana, Gerald. Preoperative medical evaluation of the healthy patient. In UpToDate, Post, TW (Ed), UpToDate, Waltham, MA 2014

Decision rationale: This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur. The MTUS is silent with regard to preoperative clearance. Per the ODG and additional citation, the goal of the evaluation of the healthy patient is to detect unrecognized disease and risk factors that may increase the risk of surgery above baseline and to propose strategies to reduce this risk. 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 findings. The documentation provided did not indicate that a recent complete history and physical had been performed. The request for associated surgical service: preoperative clearance, is therefore medically necessary.

Associated surgical service: EKG: 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, page 40

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 EKG; Cohn, S. and Fleisher, L, Evaluation of cardiac risk prior to noncardiac surgery. In UpToDate, Post, TW (Ed), UpToDate, Waltham, MA 2014 Sharma, G et al, Pre-Operative testing. Medscape, June 2013.

Decision rationale: The MTUS is silent with regard to preoperative testing. Per the ODG, patients preoperative EKG is recommended for patients undergoing high risk surgery and those undergoing intermediate risk surgery who have additional risk factors. Preoperative EKGs in patient without known risk factors for coronary disease, regardless of age, may not be necessary. According to 2007 American College of Cardiology (ACC)/American Heart Association (AHA) guidelines, routine ECG is not recommended in asymptomatic patients without any clinical risk factors who are to undergo a low risk surgery. The documentation provided included an electrocardiogram from February 2014 which showed inferior changes; a treadmill exercise test with myocardial perfusion imaging from April 2014 was normal. There was no documentation of chest pain or clinical risk factors. The request for associated surgical service: electrocardiogram (EKG) is not medically necessary.

Associated surgical service: prothrombin time (PT): 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, page 40

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; Smetana, Gerald, Preoperative medical evaluation of the healthy patient. In UpToDate, Post, TW (Ed), UpToDate, Waltham, MA 2014 Sharma, G et al, Pre-Operative testing. Medscape, June 2013.

Decision rationale: The MTUS is silent with regard to preoperative testing. Per the ODG, coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants. Per the cited guidelines, routine preoperative tests of hemostasis are not recommended. If the history and physical exam do not suggest the presence of a bleeding disorder, no additional laboratory testing is required. The injured worker did not have history or physical findings to suggest a bleeding disorder, and there was no documentation of use of anticoagulants. The request for associated surgical service: prothrombin time (PT) is not medically necessary.

Associated surgical service: partial thromboplastin time (PTT): 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, page 40

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; Smetana, Gerald, Preoperative medical evaluation of the healthy patient. In UpToDate, Post, TW (Ed), UpToDate, Waltham, MA 2014 Sharma, G et al, Pre-Operative testing. Medscape, June 2013.

Decision rationale: The MTUS is silent with regard to preoperative testing. Per the ODG, coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants. Per the cited guidelines, routine preoperative tests of hemostasis are not recommended. If the history and physical exam do not suggest the presence of a bleeding disorder, no additional laboratory testing is required. The injured worker did not have history or physical findings to suggest a bleeding disorder, and there was no documentation of use of anticoagulants. The request for associated surgical service: partial thromboplastin time (PTT) is not medically necessary.

Associated surgical service: CBC: Overturned

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, page 40

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; Smetana, Gerald, Preoperative medical evaluation of the

healthy patient. In UpToDate, Post, TW (Ed), UpToDate, Waltham, MA 2014 Sharma, G et al, Pre-Operative testing. Medscape, June 2013.

Decision rationale: This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur. The MTUS is silent with regard to preoperative testing. Per the ODG, 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. Per the cited guidelines, a baseline hemoglobin measurement is suggested for younger patients undergoing major surgery that is expected to result in significant blood loss, and is not necessary for those undergoing minor surgery unless the history suggests anemia. The proposed surgery would be expected to result in significant blood loss. The request for associated surgical service: complete blood count (CBC) is medically necessary.

Associated surgical service: renal function panel: 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, page 40

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; Smetana, Gerald, Preoperative medical evaluation of the healthy patient. In UpToDate, Post, TW (Ed), UpToDate, Waltham, MA 2014 Sharma, G et al, Pre-Operative testing. Medscape, June 2013.

Decision rationale: The MTUS is silent with regard to preoperative testing. Per the ODG, creatinine testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to renal failure. Per the cited guidelines, the prevalence of an elevated creatinine among asymptomatic patients with no history of renal disease is only 0.2 percent. There is no clear consensus on ordering preoperative renal function tests; it should be considered when hypotension is likely or when nephrotoxic medications will be used. The documentation provided does not indicate that the injured worker had a history of kidney issues. The request for associated surgical service: renal function panel is not medically necessary.