

Case Number:	CM15-0100944		
Date Assigned:	06/03/2015	Date of Injury:	02/11/2014
Decision Date:	07/07/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/26/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 58-year-old female who sustained an industrial injury on 2/11/14. She sustained a left tibial plateau fracture and underwent open reduction and internal fixation. She attempted to return to work in November 2014 as a hospital food service worker but developed increased swelling with prolonged walking. The 12/18/14 treating physician report indicated that the injured worker presented after a fall at home. She reported that her knee gave out and she fell while going down steps and landed on the anterior surface of the left knee. She had considerable pain and swelling, and inability to bear weight on the left knee. Physical exam documented moderate left knee effusion, tenderness along the patellofemoral joint, painful unrestricted range of motion, and ability to straight leg raise but it was quite painful. X-rays demonstrated a non- displaced fracture of the left patella. The injured worker was placed in a knee immobilizer. The 3/16/15 treating physician report indicated the injured worker was doing much better. Clinical exam documented full flexion of the knee, no evidence of tenderness, minimal residual pain, and excellent mediolateral stability. The injured worker still had the tibial plateau fracture plate which is painful. She was to begin physical therapy. The 4/16/15 treating physician report indicated that the injured worker was doing very well. Physical exam documented full range of motion, excellent stability, normal neurologic exam, and normal vascular exam. She had pain at the location of the hardware and wanted it removed. X-rays demonstrated complete consolidation of the patellar fracture. The treatment plan recommended arthroscopic evaluation with removal of the hardware. Authorization was requested for left knee arthroscopy surgery, removal of hardware, pre-operative x-rays, pre-operative EKG, pre-operative urinalysis, and pre- operative tests: complete blood count, electrolytes, blood urea nitrogen and creatinine. The 5/4/15 utilization review certified the request for removal of left

knee hardware. The requests for left knee arthroscopy and associated pre-operative testing were non-certified as assessment of the knee joint was not indicated as degenerative changes were already noted and there were no mechanical symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopic surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg: Diagnostic arthroscopy.

Decision rationale: The California MTUS state that surgical consideration may be indicated for patients who have activity limitation for more than one month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. The Official Disability Guidelines recommend diagnostic arthroscopy when clinical indications are met. Indications include medications or physical therapy, plus pain and functional limitations despite conservative treatment, and imaging is inconclusive. Guideline criteria have not been met for left knee arthroscopy. This injured worker was reported to be doing well following a recent left knee patellar fracture and status post prior left tibial plateau fracture and repair. Records indicated that this request was to evaluate the knee joint. However, there was full range of motion, excellent stability and no evidence of mechanical symptoms. X-rays documented a complete consolidation of the patellar fracture. There is no compelling reason presented to support the medical necessity of intra-articular evaluation in the absence of signs/symptoms, clinical exam findings, or inconclusive imaging. Therefore, this request is not medically necessary.

Pre-operative electrocardiogram (EKG): Overturned

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, Preoperative electrocardiogram).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3): 522-38.

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines state that an EKG may be indicated for patients with known cardiovascular risk factors or for patients with risk factors identified in the course of a pre-anesthesia evaluation. Guideline criteria have been met. Middle aged females have known occult increased risk factors for cardiovascular disease that support the medical necessity of pre-procedure EKG. Therefore, this request is medically necessary

Pre-operative x-ray: Overturned

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, Preoperative testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACR Appropriateness Criteria® routine admission and preoperative chest radiography. Reston (VA): American College of Radiology (ACR); 2011.

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines state that routine pre-operative chest radiographs are not recommended except when acute cardiopulmonary disease is suspected on the basis of history and physical examination. Middle-aged females have known occult increased medical/ cardiac risk factors to support the medical necessity of a pre-procedure chest x-ray. Therefore, this request is medically necessary.

Pre-operative urinalysis: Overturned

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, Preoperative lab testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. Anesthesiology 2012 Mar; 116(3): 522-38.

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Guidelines indicate that most laboratory tests are not necessary for routine procedures unless a specific indication is present. Indications for such testing should be documented and based on medical records, patient interview, physical examination, and type and invasiveness of the planned procedure. Middle-aged females have known occult increased medical risk factors. Guideline criteria have been met based on patient's age and the risks of undergoing anesthesia. Therefore, this request is medically necessary.

Pre-operative tests: complete blood count (CBC), electrolytes, blood urea nitrogen (BUN) test and creatinine: Overturned

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, Preoperative testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. Anesthesiology 2012 Mar; 116(3): 522-38.

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Guidelines indicate that most laboratory tests are not necessary for routine procedures unless a specific indication is present. Indications for such testing should be documented and based on medical records, patient interview, physical examination, and type and invasiveness of the planned procedure. Middle-aged females have known occult increased medical/cardiac risk factors. Guideline criteria have been met based on patient's age, the magnitude of surgical procedure, recumbent position, fluid exchange and the risks of undergoing anesthesia. Therefore, this request is medically necessary.