

<b>Case Number:</b>	CM15-0140273		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	08/30/2011
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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:

This injured worker is a 72-year-old male who sustained an industrial injury on 8/30/11. Injury occurred when he was involved in a motor vehicle accident between his bus and a car. When he went to exit the bus to assess the damage, his right knee hit the fire box. The 1/2/13 right knee MRI documented a complex tear of the meniscus, osteochondral injury of the medial femoral condyle, lateral meniscus tear, full thickness chondral erosion over the median ridge of the patella, and moderate knee joint effusion with intra-articular synovitis. X-rays of the right knee on 6/11/15 showed mild medial compartment narrowing with a patellar osteophyte. The 6/11/15 treating physician report cited increased grade 7/10 right knee pain with ambulation limited to 5-10 minutes by pain. There was night pain, and associated weakness and giving way. Authorization was requested for right knee arthroscopy with partial meniscectomy, removal of loose bodies, and chondroplasty with associated surgical requests for a surgical assistant, pre-operative labs, and cold therapy unit 7 day rental for right knee. The 6/25/15 utilization review non-certified the request for surgical assistant as arthroscopic knee surgery did not require an assistant. The request for pre-op labs was non-certified as the request did not specific what would be tested. The request for 7-day rental of a cold therapy unit was non-certified as knee arthroscopy was a simple procedure that did not require a cold therapy unit post-operatively, as home application of cold packs would suffice for edema control.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Surgical assistant:** 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, Surgical assistant.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid services, Physician Fee Schedule: Assistant Surgeons, <http://www.cms.gov/apps/physician-fee-schedule/overview.aspx>.

**Decision rationale:** The California MTUS guidelines do not address the appropriateness of assistant surgeons. The Center for Medicare and Medicaid Services (CMS) provide direction relative to the typical medical necessity of assistant surgeons. The Centers for Medicare & Medicaid Services (CMS) has revised the list of surgical procedures which are eligible for assistant-at-surgery. The procedure codes with a 0 under the assistant surgeon heading imply that an assistant is not necessary; however, procedure codes with a 1 or 2 implies that an assistant is usually necessary. For this requested surgery, CPT codes 29877, 29881 and 29874, there is a '0' in the assistant surgeon column for each procedure. Therefore, based on the stated guideline and the complexity of the procedure, this request is not medically necessary.

**Pre-operative 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), Low Back, Preoperative lab testing, [www.guideline.gov/content.aspx?id=48408](http://www.guideline.gov/content.aspx?id=48408).

**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 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. Guideline criteria have not been met. A generic request for non-specific pre-operative lab work is under consideration. Although, basic lab testing would typically be supported for patients undergoing this procedure and general anesthesia, the medical necessity of a non-specific lab request cannot be established. Therefore, this request is not medically necessary.

**Cold therapy unit 7 day rental for right knee:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, 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 and Leg: Continuous flow cryotherapy.

**Decision rationale:** The California MTUS is silent regarding cold therapy units. The Official Disability Guidelines state that continuous-flow cryotherapy 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. Therefore, this request is medically necessary.