

Case Number:	CM15-0162744		
Date Assigned:	08/31/2015	Date of Injury:	09/12/2006
Decision Date:	09/30/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/19/2015

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 36-year-old male who sustained an industrial injury on 9/12/06. Injury occurred when he was walking on slippery ground, his foot slipped and he hyperextended his left knee. Past medical history was reported as negative. Past surgical history was positive for six left knee surgeries including anterior cruciate ligament reconstruction and revision, and a left knee arthroscopy with partial medial and lateral meniscectomy, removal of loose intraarticular body, tricompartmental chondroplasty, and major synovectomy on 11/21/12. Conservative treatment has included non-steroidal anti-inflammatory drugs, ice, elevation, bracing, activity modification, acupuncture, injections, and physical therapy. The 4/14/15 right knee MRI conclusion documented a 7 mm full thickness chondral effect on the weight bearing surface of the lateral femoral condyle, possible small lateral meniscus tear, findings consistent with a intracapsular ganglion or perimeniscal cysts, and mild distal quadriceps tendinosis. This injured worker underwent right knee arthroscopy with chondroplasty of the lateral femoral condyle and trochlea, and partial lateral meniscectomy on 6/19/15. The 6/29/15 treating physician report indicated that the injured worker was status post surgery and doing well. He had been partial weight bearing with 2 crutches and was going to wean onto only one crutch by the end of the week. He was taking ibuprofen as needed for pain. Right knee incisions were clean and dry, there was no tenderness and good range of motion. The diagnosis included right chondral lesion, listed as a new problem. The treatment plan recommended proceeding with autologous chondrocyte implantation of the right knee. The 8/3/15 treating physician report addendum indicated that the injured worker would require a right knee arthrotomy with autologous cultured chondrocyte implantation due to recurring pain issues since the arthroscopy and findings

during that procedure. Authorization was requested for surgery plus pre-operative labs to include complete blood count (CBC), prothrombin time/partial thromboplastin time (PT/PTT), and basic metabolic panel (BMP), and post-operative physical therapy 12 sessions. The 8/13/15 utilization review certified the request for right knee arthroscopy with autologous chondrocyte implantation. The request for pre-operative labs CBC, PT, PTT and BMP was modified to CBC, PT, and PTT, as there was no indication that a BMP was considered medically necessary prior to undergoing orthopedic surgery. The request for 12 sessions of post-op physical therapy was modified to 6 initial post-op visits consistent with Post-Surgical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative lab: BMP: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Scottish Intercollegiate Guidelines Network (SIGN), Prevention and management of venous thromboembolism, Dec. 2010, page 101.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for pre-anesthesia 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 been met for a basic metabolic panel based on the long-term use of non-steroidal anti-inflammatory drugs, and the risks of undergoing anesthesia. Therefore, this request is medically necessary.

Post-operative physical therapy (12 sessions): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California Post-Surgical Treatment Guidelines for chondral defects suggest a general course of 12 post-operative visits over 12 weeks during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 6 visits. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be

accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. The 8/13/15 utilization review recommended partial certification of 6 initial post-op physical therapy visits consistent with guidelines. There is no compelling reason submitted to support the medical necessity of care beyond guideline recommendations and the care already certified. Therefore, this request is not medically necessary.