

Case Number:	CM15-0188379		
Date Assigned:	09/30/2015	Date of Injury:	04/20/2014
Decision Date:	11/12/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/24/2015

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: Minnesota, Florida
 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 27 year old male, who sustained an industrial injury on 4-20-2014. Medical records indicate the worker is undergoing treatment for lower leg joint pain, lateral meniscus derangement and lower leg osteoarthritis. A recent progress report dated 8-11-2015, reported the injured worker complained of left knee pain. Physical examination revealed decreased left knee range of motion and positive McMurray's lateral test. A magnetic resonance imaging dated 7-17-2015 showed intact collateral and cruciate ligaments and no definite medial meniscal tear, a tear along the lateral meniscus, a chondral lesion and a cyst. Treatment to date has included 10 physical therapy visits, home exercise program, activity modification, icing, wheelchair use, injections, left knee arthroscopy in 2014 and medication management. The physician is requesting left knee surgery and accompanying procedures. On 8-18-2015, the Request for Authorization requested knee arthroscopy, postoperative physical therapy and crutches, assistant surgeon for left knee surgery, preoperative lab work and electrocardiogram. On 9-1-2015, the Utilization Review noncertified the request for assistant surgeon for left knee surgery, preoperative lab work and electrocardiogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Assistant Surgeon for left knee Surgery #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Low back, Topic: Surgical assistant.

Decision rationale: California MTUS guidelines are silent on this issue. ODG guidelines are therefore used. A surgical assistant is recommended as an option in more complex surgeries. The assistant actively assists the surgeon performing a surgical procedure. Reimbursement is based on whether the assistant surgeon is a physician or another healthcare professional acting as the surgical assistant. Arthroscopy with partial meniscectomy and possible microfracture is not considered a complex surgical procedure. An assistant is provided by the hospital with sufficient training to be able to assist the surgeon by holding the leg or holding the camera, thereby allowing the surgeon to use both hands for the surgical procedure. As such, the request for an assistant surgeon is not medically necessary.

EKG # 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pre-Operative.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Low back, Topic: Preoperative electrocardiography.

Decision rationale: With regard to the request for a preoperative electrocardiogram, ODG guidelines recommend preoperative EKGs for patients undergoing high risk surgery and those undergoing intermediate risk surgery who have additional risk factors. These risk factors include history of ischemic heart disease, history of compensated or prior heart failure, and history of cerebrovascular disease, diabetes mellitus or renal insufficiency. Preoperative EKGs are not recommended for low risk procedures. Ambulatory surgery such as knee arthroscopy is considered a low risk surgical procedure. As such, a preoperative EKG is not recommended. In light of the foregoing, the request for EKG is not medically necessary.

Pre-operative Lab Work #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Low back, Topic: Preoperative laboratory testing.

Decision rationale: ODG guidelines recommend preoperative lab testing based upon the results of a history and physical examination. In this case, the request is for preoperative lab without specification of the tests that are being requested. As such, the request is not medically necessary.