

<b>Case Number:</b>	CM15-0195652		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	01/13/2015
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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 66-year-old female who sustained an industrial injury on 1/13/15, relative to a trip and fall. Past medical history was positive for asthma and gastroesophageal reflux disease. The 4/3/15 left knee MRI conclusion documented focal significant abnormality within the posterior horn of the lateral meniscus near the central free edge along the inferior surface that was either grade II or III, representing either focal advanced mucinous degeneration versus tear. There was an 8 mm ganglion cyst arising from the distal anterior cruciate ligament. There was moderate to severe thinning of the patellar articular cartilage in the upper half of the patella. There was a large Baker's cyst. Conservative treatment included physical therapy, activity modification, cane use, and medications. The 9/1/15 treating physician report cited grade 7/10 left knee pain. She was unable to squat or get on her knee due to pain. She had an occasionally feeling of instability, and the knee had given way since the injury. Functional limitations were documented in activities of daily living. Left knee examination documented normal gait, mild posterior swelling, full range of motion, mild apprehension, patellofemoral joint crepitus, diffuse medial and lateral tenderness, and positive McMurray's sign. X-rays showed no evidence of fractures, loose bodies, or significant degenerative joint disease. There was some early patellofemoral degenerative arthritis and mild to moderate medial joint space narrowing. Authorization was requested for left knee operative arthroscopy, partial lateral meniscectomy and chondroplasty with associated surgical requests for crutches, compression stockings, cold therapy unit 7 day rental, pre-operative clearance, post-op physical therapy 3 times per week for 4 weeks, and pre-operative HCG. The 9/22/15 utilization review certified the

request for left knee operative arthroscopy, partial lateral meniscectomy and chondroplasty with associated surgical requests for crutches, compression stockings, cold therapy unit 7 day rental, and pre-operative clearance. The request for post-op physical therapy 3x4 was modified to an initial 6 visits consistent with Post-Surgical Treatment Guidelines. The request for pre-operative HCG was denied based on the patient's age of 66 years which did not support an indication for pre-anesthesia pregnancy testing.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Post-op physical therapy, 2-3x per week for 4 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

**Decision rationale:** The California Post-Surgical Treatment Guidelines for meniscectomy 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 9/22/15 utilization review modified the request for 12 post-op physical therapy visits to 6 visits consistent with Post-Surgical Treatment Guidelines for initial post-op treatment. There is no compelling rationale to support the medical necessity of additional post-operative physical therapy as an exception to guidelines at this time. Therefore, this request is not medically necessary.

#### **HCG on Sx (surgery) worksheet: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation emedicine.com: Perioperative Management of the Female Patient last updated: December 1, 2004 Author: Howard A Shaw, MD, Coauthor(s): L Julia A Shaw, MD, Preoperative Indications for Laboratory Tests; HCG blood test-qualitative.

**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. This injured worker is undergoing knee arthroscopic surgery. She has been approved for pre-operative clearance. HCG (human chorionic gonadotropin) testing would generally be used for pre-operative pregnancy testing. There is no compelling rationale presented to support the medical necessity of this testing in a 66-year-old female. Therefore, this request is not medically necessary.