

Case Number:	CM15-0020056		
Date Assigned:	02/09/2015	Date of Injury:	02/07/2014
Decision Date:	03/31/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/03/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 48 year old male, who sustained an industrial injury on 2/07/2014. The diagnoses have included torn left medial meniscus, sprain/strain knee, sprain/strain lumbar and contusion wrist/hand. X-rays dated 2/07/2014 showed mild arthritis in knees, no fracture or dislocation. Magnetic resonance imaging (MRI) of the left knee dated 6/23/2014 revealed a medial meniscus small longitudinal horizontal tear of body violating the inferior surface of and osteoarthritis with chondral loss. Currently, the IW complains of moderate bilateral knee, legs, lumbar spine, bilateral arms and hand pain. He states that medication is not helping. Objective findings of the left knee included medial greater than lateral joint tenderness and positive McMurray and right knee examination revealed moderate joint line tenderness and positive McMurray. On 1/09/2015, Utilization Review modified a request for pre-op labs to include CBC, CMP, UA, electrocardiogram (EKG), CHEST X-RAY, and PT/PTT and 12 sessions of physical therapy noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The ACOEM Guidelines, ODG and Non-MTUS sources were cited. On 1/15/2015, the injured worker submitted an application for IMR for review of pre-op labs to include CBC, CMP, UA, electrocardiogram (EKG), CHEST X-RAY, and PT/PTT and 12 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op labs to include CBC, CMP, UA, EKG, CXR, PT/PTT: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Complete blood count (CBC). MedlinePlus Medical Encyclopedia. www.nlm.nih.gov/medlineplus/ency/article/003642.htm. Accessed 03/24/2015. Chemistry panels. <http://labtestsonline.org/understanding/analytes/chem-panel/tab/glance>. Accessed 03/24/2015. Zehnder JF, et al. Clinical use of coagulation tests. Topic 1368, version 27.0. UpToDate, accessed 03/24/2015. Urinalysis. MedLine Plus Medical Encyclopedia. Accessed 03/24/2015. www.nlm.nih.gov/medlineplus/ency/article/003579.htm. What is an electrocardiogram? National Heart, Lung, and Blood Institute, Department of Health and Human Services. Website accessed 03/24/2015. www.nhlbi.nih.gov/health/health-topics/topics/ekg. What is a chest x-ray? National Heart, Lung, and Blood Institute, Department of Health and Human Services. Website accessed 03/24/2015. www.nhlbi.nih.gov/health/health-topics/topics/cxray. Smetana GW, et al. Preoperative medical evaluation of the healthy patient. Topic

Decision rationale: A complete blood count (CBC) is a panel of laboratory blood tests that look closely at the different parts of the blood in several different ways. A comprehensive metabolic panel (CMP) is a group of blood tests that generally look at the salt balance in the blood, blood sugar level, blood cholesterol levels, kidney function, and liver function. Prothrombin (PT) and partial thromboplastin time (PTT) are blood tests used to look at the ability of the body to form a clot, a type of scab, to limit bleeding. The PTT also has a role in monitoring the effects of a medication called warfarin that is used to decrease the ability of the body to form a clot or to thin the blood. Urinalysis is used to evaluate the urinary system. Electrocardiograms (ECG or EKG) look at the flow of electricity through the heart and create a tracing or image that reflects this flow. The flow of electricity through the heart is related to its rhythm and rate. An ECG is often done to evaluate chest pain; high blood pressure; signs or symptoms of an abnormal heart rate or rhythm; or a concern that the flow of electricity through the heart may be abnormal, such as can occur with certain medications. Chest x-rays use radiation to take pictures of the inside of the chest. They can be helpful in showing problems such as a lung infection, fluid in or around the lungs, too much air in the lungs as with smoking, or a large heart. The MTUS Guidelines are silent on these issues. The literature and established Guidelines recommend that blood and urine tests before surgery are not routinely needed, although selective tests may be helpful in certain special situations, such as when the person has an increased risk for complications or with specific surgeries that have especially higher risk for complications. The literature and established Guidelines support the use of an ECG before surgery when the person has known heart disease, significantly abnormal heart rhythm, peripheral artery disease, cerebrovascular disease (such as a prior stroke), a problem with the heart's structure, or another condition that causes the person to have more than a 1% risk of a complication affecting the person's heart. The literature and established Guidelines support the use of chest x-rays before surgery for those with known cardiopulmonary disease, those who are older than 50-years-old and need certain types of chest surgery or surgery in the upper abdomen, and in those who are severely obese and

have additional risk factors. The submitted and reviewed documentation indicated the worker was experiencing pain in both knees and legs, both hands and arms, and the lower back. Treatment recommendations included a left knee arthroscopy with medial meniscectomy. There was no discussion detailing any of the above issues that suggested the need for the requested blood and urine tests, an ECG, or chest x-rays or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for pre-operative chest x-rays; electrocardiogram; and laboratory testing including a CBC, CMP, PT, PTT, and urinalysis is not medically necessary.

12 Sessions of Physical Therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The MTUS Guidelines support the use of physical therapy, especially active treatments, based on the philosophy of improving strength, endurance, function, and pain intensity. This type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. Decreased treatment frequency over time (fading) should be a part of the care plan for this therapy. The Guidelines support specific frequencies of treatment and numbers of sessions depending on the cause of the worker's symptoms. The submitted and reviewed documentation indicated the worker was experiencing pain in both knees and legs, both hands and arms, and the lower back. Treatment recommendations included a left knee arthroscopy with medial meniscectomy. There was no discussion describing special circumstances that sufficiently supported such a large number of therapist-directed sessions, which would not be supported by the Guidelines or account for fading to a continued home exercise program. In the absence of such evidence, the current request for twelve sessions of physical therapy is not medically necessary.