

Case Number:	CM15-0026842		
Date Assigned:	03/20/2015	Date of Injury:	09/24/2012
Decision Date:	04/16/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/11/2015

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:

The injured worker is a 46-year-old female who sustained an industrial injury on 9/24/12, relative to a slip and fall. Past surgical history was positive for hysterectomy, gastric sleeve and stomach skin removal, and left basal joint arthroscopy with trapeziectomy and ligament reconstruction on 6/1/0/14. There was no history of medical illnesses. The 12/23/14 left knee MRI documented proximal anterior cruciate ligament tear with ligamentous attenuation and scar tissue formation, evidence of chronically thickening medial and lateral collateral ligaments, intact menisci, and no evidence of osteochondral injury or degenerative arthritis. The 1/14/15 treating physician report cited left knee pain with instability and giving way. Physical exam documented positive Lachman, anterior drawer, and pivot shift tests. The patient had a chronic full thickness anterior cruciate ligament tear with recurrent instability. The treatment plan recommended left knee endoscopic anterior cruciate ligament reconstruction. The 1/30/15 utilization review certified a request for left knee diagnostic arthroscopy meniscectomy versus repair debridement, chondroplasty, and anterior cruciate ligament reconstruction, with 12 sessions of post-operative physical therapy, and medical clearance. The request for pre-operative testing, including CBC, CMP, PT/PTT, HEP panel, HIV panel, UA, EKG, and chest x-ray was modified to CBC, CMP, PT/PTT, UA, EKG, and chest x-ray. The request for a knee brace was non-certified based on the Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

ASSOCIATED SURGICAL SERVICES-DME: KNEE BRACE: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee: Knee braces.

Decision rationale: The California MTUS guidelines do not specifically address post-operative knee braces. The Official Disability Guidelines support the use of pre-fabricated knee braces for the following conditions: knee instability, ligament insufficiency/deficiency, reconstructed ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental osteoarthritis, or tibial plateau fracture. Guideline criteria have been met. The use of a post-operative knee brace to protect the repair and decrease pain is consistent with guidelines. Therefore, this request is medically necessary.

HEP PANEL, HIV PANEL: Upheld

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

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. The 1/30/15 utilization review modified the request for pre-operative testing, including CBC, CMP, PT/PTT, HEP panel, HIV panel, UA, EKG, and chest x-ray, and certified CBC, CMP, PT/PTT, UA, EKG, and chest x-ray. There is no compelling reason in the medical records to support the medical necessity of HEP and HIV panels. Therefore, this request is not medically necessary.