

Case Number:	CM15-0036832		
Date Assigned:	03/05/2015	Date of Injury:	02/25/2014
Decision Date:	04/16/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/26/2015

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 63 year old female who sustained an industrial injury on 02/25/2014. Current diagnosis includes left knee medial meniscus tear/chondromalacia MFC. Previous treatments included medication management, physical therapy, and left knee surgery performed on 02/09/2015. The injured worker has been authorized to undergo arthroscopy with partial medial and lateral meniscectomy left knee and arthroscopy with debridement left knee. Submitted records indicate that the injured worker had a basic metabolic profile performed on 02/05/2015. Utilization review performed on 01/27/2015 non-certified a prescription for surgical assistant and pre-operative comprehensive metabolic panel (CMP). The request for the CMP was changed to a basic metabolic profile (BMP) by the utilization reviewer and the surgical assistant was not indicated as the reviewer noted that an assistant was not needed for this type of procedure. The reviewer referenced the California MTUS, ACOEM, and Official Disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgical Assistant: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Surgical Assistant.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Surgeons: 2013 Assistant at Surgery Consensus.

Decision rationale: Arthroscopy of the knee is not a complex procedure but ODG guidelines pertaining to Assistant Surgeons only list the Low Back procedures and do not refer to knee arthroscopies. The 2013 Assistant at Surgery Consensus of the American College of Surgeons indicates that a Surgical Assistant is sometimes needed for arthroscopy of the knee with debridement/shaving of articular cartilage (chondroplasty) and partial medial or lateral meniscectomy. As such, the request for a Surgical Assistant is appropriate and the medical necessity is established.

Pre-Operative Test: Comprehensive Metabolic Panel (CMP): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Preoperative testing, Preoperative lab testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Low Back, Topic: Pre-operative testing, lab.

Decision rationale: ODG guidelines list the indications for preoperative laboratory testing depending upon comorbidities. Electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure. Random glucose testing should be performed in patients at high risk of undiagnosed diabetes mellitus. In patients with diagnosed diabetes A1c testing is recommended only if the results will change perioperative management. A complete blood count is indicated for patients with diseases that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated. The guidelines do not recommend routine comprehensive metabolic panel testing. The modification by utilization review to basic metabolic profile was appropriate. Based upon guidelines, the request for a comprehensive metabolic panel is not supported and the medical necessity of the request has not been substantiated.