MAXIMUS Federal Services

Case Number:	CM15-0041502		
Date Assigned:	03/11/2015	Date of Injury:	06/12/2013
Decision Date:	04/14/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	03/04/2015

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 was a 61-year-old male who sustained an industrial injury on 6/12/13. Injury occurred due to repetitive kneeling, squatting, bending, pulling, and pushing. Past surgical history was positive for bilateral knee arthroscopies in the 1980s, right total knee arthroplasty, and left shoulder rotator cuff repair. Past medical history was positive for non-steroidal anti-inflammatory drug induced gastritis, hypertension, and asthma. The 4/23/14 left knee MRI demonstrated tricompartmental osteoarthritic changes with generalized thinning of the medial meniscus, joint effusion, and probable anterior cruciate ligament tear. Conservative treatment has included multiple series of hyaluronic acid injections, extensive physical therapy, activity modification, and anti-inflammatory medication. The 10/8/14 treating physician report cited constant grade 8-9/10 left knee pain with numbness, locking, and swelling. Activities of daily living were severely affected. Physical exam documented body mass index was less than 34, medial joint line tenderness, 4/5 knee flexion/extension weakness, and range of motion 0-110 degrees. The diagnosis was left knee internal derangement and osteoarthritis. Authorization was requested for orthopedic surgeon consultation for total knee arthroplasty and weight bearing x-rays. The 11/25/14 orthopedic report cited left knee pain. Physical exam documented severe antalgic gait, medial and lateral soft tissue swelling, medial joint line tenderness, patellofemoral joint crepitus, and range of motion was -5 to 95 degrees. Left knee arthroplasty was recommended. The 2/3/15 utilization review non-certified a request for left total knee arthroplasty and associated requests for pre-operative complete blood count, basic metabolic panel, prothrombin, and partial thrombin time, and assistant surgeon. The rationale for non-

certification of the surgery and assistant surgeon included no documentation of limited range of motion less than 90 degrees, no evidence of night time pain, and no indication that body mass index was less than 40.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 complete blood count, Basic metabolic panel, Prothrombin, and Partial thrombin time: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, preoperative lab testing.

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. Coagulation studies are generally reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants. Guideline criteria have not been met. Although basic lab testing, including complete blood count and basic metabolic panel, is typically supported for patients undergoing general anesthesia, the medical necessity of a totality of the lab testing requested could be established. There is no evidence that the patient has a history of bleeding, medical condition that would predispose him to bleeding, or is taking anticoagulants to support the medical necessity of coagulation studies. Additionally, there is no evidence in the submitted medical records that total knee arthroplasty has been found medically necessary. Therefore, this request is not medically necessary.

1 Assistant surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, and surgical assistant.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid services, Physician Fee Schedule Assistant Surgeons, http://www.cms.gov/apps/physician-fee-schedule/overview.aspx.

Decision rationale: The California MTUS guidelines do not address the appropriateness of assistant surgeons. The Center for Medicare and Medicaid Services (CMS) provide direction relative to the typical medical necessity of assistant surgeons. The Centers for Medicare & Medicaid Services (CMS) has revised the list of surgical procedures, which are eligible for assistant-at-surgery. The procedure codes with a 0 under the assistant surgeon heading imply that an assistant is not necessary; however, procedure codes with a 1 or 2 implies that an assistant is usually necessary. For this requested surgery, CPT code 27447, there is a "2" in the assistant surgeon column. Therefore, based on the stated guideline and the complexity of the procedure, this request would be supported for total knee arthroplasty. However, there is no evidence in the submitted medical records that total knee arthroplasty has been found medically necessary. Therefore, this request is not medically necessary at this time.