

Case Number:	CM15-0080082		
Date Assigned:	05/01/2015	Date of Injury:	09/18/2013
Decision Date:	06/29/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/27/2015

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 47-year-old male who sustained an industrial injury on 9/18/13. Injury occurred when he partially fell through a hole, twisting his left knee. Past medical history was negative. The patient was a one-pack per day smoker. Past surgical history was positive for left knee medial meniscectomy on 12/4/13. Conservative treatment included post-operative physical therapy, bracing, corticosteroid injection, anti-inflammatory medication, and Tylenol. The 3/2/15 left knee MRI documented a medial meniscus posterior horn mid body oblique tear and parameniscal cysts. There was a left patellar upper pole full thickness hyaline cartilage laceration. The 1/7/15 orthopedic report documented persistent left knee pain with swelling and giving way. He was taking Ibuprofen 800 mg 3 times per day. Physical exam documented left knee range of motion 15-120 degrees, marked tenderness along the posteromedial aspect of his joint, swelling, and medial joint line tenderness. Quadriceps girth was 40 cm left and 44 right. Calf girth was symmetrical. The diagnosis was medial meniscus tear with a large parameniscal cyst of the left knee. The treatment plan recommended redo arthroscopy with partial medial meniscectomy and debridement of the large parameniscal cyst. The 4/14/15 utilization review approved a request for left knee arthroscopy with medial meniscectomy, medial cyst excision, chondroplasty and debridement, pre-operative urinalysis and complete blood count, and post-op physical therapy. The request for pre-operative EKG and chest x-ray was non-certified as there was no documented comorbid cardiac or pulmonary conditions. The request for pre-operative PT/PTT was non-certified as there was no documentation of the patient having coagulopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Preoperative EKG: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Preoperative 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 state that EKG may be indicated for patients with known cardiovascular risk factors or for patients with risk factors identified in the course of a pre-anesthesia evaluation. Middle-aged males who smoke have known occult increased cardiovascular risk factor to support the medical necessity of a pre-procedure EKG. Therefore, this request is medically necessary.

Preoperative chest x-ray: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Preoperative Testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACR Appropriateness Criteria® routine admission and preoperative chest radiography. Reston (VA): American College of Radiology (ACR); 2011.

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines state that routine pre-operative chest radiographs are not recommended except when acute cardiopulmonary disease is suspected on the basis of history and physical examination. Middle-aged males who smoke have known occult increased cardiopulmonary risk factor to support the medical necessity of a pre-procedure chest x-ray. Therefore, this request is medically necessary.

Preoperative PTT: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Preoperative 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 a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. 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 reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants. Guideline criteria have been met due to the long-term use of NSAIDS and plausible increase in associated perioperative bleeding. Therefore, this request is medically necessary.

Preoperative prothrombin time: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Preoperative 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 a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. 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 reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants. Guideline criteria have been met due to the long-term use of NSAIDS and plausible increase in associated perioperative bleeding. Therefore, this request is medically necessary.