

Case Number:	CM15-0084386		
Date Assigned:	05/06/2015	Date of Injury:	01/29/2015
Decision Date:	07/29/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	05/01/2015

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: New York
 Certification(s)/Specialty: Neurological 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 applicant is a represented 59-year-old [REDACTED] beneficiary who has filed a claim for knee pain reportedly associated with an industrial injury of January 29, 2015. In a Utilization Review report dated April 3, 2015, the claims administrator failed to approve requests for a preoperative EKG and preoperative x-ray; partially approved preoperative laboratory testing; partially approved a request for cold unit purchase as a seven-day rental of the same, and denied a request for an interferential unit outright. The claims administrator referenced a RFA form received on March 26, 2015 in its determination, along with an associated progress note dated March 19, 2015. The applicant's attorney subsequently appealed. On March 19, 2015, the applicant reported ongoing complaints of knee pain reportedly attributed to cumulative trauma over the preceding two years of employment at [REDACTED]. Progressive, insidious onset knee pain was appreciated. The applicant had apparently presented to obtain a second opinion consultation prior to pursuit of knee surgery. Locking and catching about the knee were reported. The applicant exhibited a visibly antalgic gait with positive provocative testing to include a positive McMurray maneuver. MRI imaging of the knee had apparently demonstrated meniscal derangement. The applicant was asked to pursue an operative arthroscopy with meniscectomy. The applicant was kept off of work in the interim. The applicant's past medical history was not detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-Operative EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Preoperative testing, general.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) physical therapy chapter, preoperative electrocardiogram.

Decision rationale: The ODG guidelines do recommend preoperative electrocardiograms if the patient is undergoing a high risk procedure. Documentation for this patient does not show this. The guidelines recommend a preoperative EKG if the patient has operative risks and comorbidities and is having intermediate risk surgery. Documentation does not support this possibility. The requested service: Pre-Operative EKG: is not medically necessary and appropriate.

Cold Therapy Unit Purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines (ODG), Online Edition, Knee and Leg, Continuous-flow cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Knee, Continuous-flow cryotherapy.

Decision rationale: The ODG guidelines do recommend post-operative cryotherapy. They recommend usually only a week of treatments. Thus the purchase of the unit would not be needed. The requested treatment: Cold Therapy Unit Purchase is not medically necessary and appropriate

30 Days Rental of an Interferential Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tens.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-119.

Decision rationale: The California MTUS guidelines note that no standardized protocols are found in the literature regarding inferential stimulation. They note there is insufficient literature to support treatment for soft tissue injury, fracture or wound healing. The requested treatment: 30 Days Rental of an Interferential Unit: is not medically necessary and appropriate.

Pre-Operative Chest X-Ray: 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 - Lumbar & Thoracic (Acute & Chronic), Pre-operative testing, general.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical therapy chapter, Preoperative testing general.

Decision rationale: The ODG guidelines would recommend a coagulation panel preoperatively if the patient had a history of a coagulation defect. The guidelines would recommend the PT/PTT if the patient were taking medications which might interfere with coagulation. Documentation does not show this evidence. The requested treatment: Pre-Operative PT/PTT is not medically necessary and appropriate.

Pre-Operative PT/PTT: 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 - Lumbar & Thoracic (Acute & Chronic), Preoperative lab testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy Chapter, Pre-operative testing general.

Decision rationale: The ODG guidelines would recommend preoperative urine analysis if the patient had a clinical history of renal disease. The guidelines recommend the decision regarding the testing would be guided by the patient's exam and history and if the information gained would affect post-operative management. Documentation does not provide this evidence. The requested treatment Pre-Operative UA is not medically necessary and appropriate.

Pre-Operative UA: 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 - Lumbar & Thoracic (Acute & Chronic), Preoperative lab testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy Chapter, Pre-operative testing general.

Decision rationale: The ODG guidelines would recommend preoperative urine analysis if the patient had a clinical history of renal disease. The guidelines recommend the decision regarding the testing would be guided by the patient's exam and history and if the information gained would affect post-operative management. Documentation does not provide this evidence. The requested treatment Pre-Operative UA is not medically necessary and appropriate.