

<b>Case Number:</b>	CM14-0126821		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	12/01/2005
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 38-year-old male garbage truck driver sustained an industrial injury on 12/1/05 relative to a fall onto the right knee. Past medical history was positive for rhabdomyolysis and myonecrosis of the left buttock and hip musculature leading to myoglobinuria but no acute renal failure. Past surgical history was positive for two left ankle surgeries and multiple surgical debridements of the necrotic left buttock and hip musculature. The patient underwent right knee autologous chondrocyte implantation and tibial tubercle osteotomy on 11/22/13 with continued pain and fullness in the anterior knee. The 3/6/14 right knee x-rays revealed the right knee to be stable post tibial tuberosity osteotomy with partial healing of the osteotomy fragment. The 7/8/14 treating physician report cited persistent right quadriceps pain and weakness. Conservative treatment, including post-op physical therapy and Supartz injections, had not provided sustained benefit. The treatment plan recommended right knee surgery to debride scar tissue and assess the cartilage and requested associated services/durable medical equipment. The treating physician response to a request for additional information indicated that the EKG and pre-operative clearance were not being requested and had been a mistake. The 8/7/14 utilization review certified the request for right knee arthroscopy with scar release and cartilage evaluation. The request for 24 post-op physical therapy sessions was modified to 6 visits consistent with Post-Surgical Treatment Guidelines. The request for EKG and pre-operative clearance including history and physical and labs was denied as the provider had clarified in writing on 8/5/14 that this was submitted by mistake and not warranted. The request for Keflex was denied as prophylactic treatment of infection is not recommended by guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post op physical therapy sessions QTY: 24:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

**Decision rationale:** The California Post-Surgical Treatment Guidelines for knee cartilage surgery suggest a general course of 12 post-operative visits over 12 weeks during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 6 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. The 8/7/14 utilization review recommended partial certification of 6 initial post-op physical therapy visits consistent with guidelines. There is no compelling reason submitted to support the medical necessity of care beyond guideline recommendations and the care already certified. Therefore, this request is not medically necessary.

**Keflex 500mg, #28:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Hip & Pelvis (Acute & Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Bratzler DW, Dellinger EP, Olsen KM, Perl TM, Auwaerter PG, Bolon MK, Fish DN, Napolitano LM, Sawyer RG, Slain D, Steinberg JP, Weinstein RA. Clinical practice guidelines for antimicrobial prophylaxis in surgery. Am J Health Syst Pharm. 2013 Feb 1;70(3):195-283

**Decision rationale:** The California MTUS and Official Disability Guidelines do not provide guidance for post-operative antibiotics. The National Guideline Clearinghouse was searched. Clinical practice guidelines state that antimicrobial prophylaxis is not recommended for patients undergoing clean orthopedic procedures, including knee, hand, and foot procedures; arthroscopy; and other procedures without instrumentation or implantation of foreign materials. Guideline criteria have been met. This patient is undergoing a knee arthroscopic evaluation of scar tissue and cartilage in the presence of pre-existing hardware. As past medical history is positive for significant infection, antibiotic prophylaxis is reasonable. Therefore, this request is medically necessary.

**EKG QTY: 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: 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 an 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. Guideline criteria have not been met. There are no cardiovascular risk factors identified for this patient. The treating physician submitted a request to cancel this request for pre-operative testing as it was not warranted. Therefore, this request is not medically necessary

**Pre-op clearance: history and physical, labs:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: 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. Guidelines criteria have not been met. Although basic lab testing is typically supported for patients undergoing general anesthesia, the medical necessity of a non-specific request cannot be established. The provider has submitted a request to cancel this request for pre-operative testing as it was not warranted. Therefore, this request is not medically necessary.