MAXIMUS Federal Services

Case Number:	CM14-0144486		
Date Assigned:	09/12/2014	Date of Injury:	08/28/2013
Decision Date:	10/15/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/05/2014

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 Occupational Medicine 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:

Patient is a 55-year-old male who has submitted a claim for symptomatic chondromalacia patella and medial meniscus tear, controlled hypertension, and occasional gastrointestinal reflux associated with an industrial injury date of 8/28/13. Medical records from 2013 to 2014 reviewed. Patient complained of left knee pain, rated 6/10 in severity. Aggravating factors included prolonged standing and walking. Physical examination showed weakness of left quadriceps. Reflexes and sensation were intact. MRI of the left knee from 2012 showed medial and lateral meniscus tear. Current treatment plan includes left knee arthroscopic meniscectomy and debridement. Treatment to date has included acupuncture, physical therapy, and medications. Utilization review from 8/21/14 denied the request for prothrombin, prothrombin time, and urinalysis. Reasons for denial were not made available. The request for cold therapy unit for 30 days was modified into 7 days to meet guideline recommendation. The request for postoperative physical therapy 12 visits was likewise modified into 6 visits as per guideline recommendation.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROTHROMBIN QUANTITY REQUESTED: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1021.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative lab testing

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. ODG states that the decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Preoperative routine tests are appropriate if patients with abnormal tests will have a modified approach. Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants. In this case, patient is authorized to undergo left knee arthroscopic meniscectomy and debridement. Patient is a 55-year-old male without noted comorbidities. There is no clear indication for pre-operative prothrombin testing based on documents submitted. The medical necessity cannot be established due to insufficient information. Therefore, the request for prothrombin is not medically necessary.

PROTHROMBIN TIME QUANTITY REQUESTED: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1021.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative lab testing

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. ODG states that the decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Preoperative routine tests are appropriate if patients with abnormal tests will have a modified approach. Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants. In this case, patient is authorized to undergo left knee arthroscopic meniscectomy and debridement. Patient is a 55-year-old male without noted comorbidities. There is no clear indication for pre-operative prothrombin testing based on documents submitted. The medical necessity cannot be established due to insufficient information. Therefore, the request for prothrombin time is not medically necessary.

URINALYSIS QUANTITY REQUESTED: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1021.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative lab testing

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. ODG states that the decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Preoperative routine tests are appropriate if patients with abnormal tests will have a modified approach. Urinalysis is indicated for patients undergoing urologic procedures and implantation of foreign material. In this case, patient is authorized to undergo left knee arthroscopic meniscectomy and debridement. Patient is a 55-year-old male without noted comorbidities. There is no clear indication for pre-operative urinalysis based on documents submitted. There is no documentation of renal or genitourinary problems, or of upcoming urologic procedures, to necessitate such testing. Therefore, the request for urinalysis is not medically necessary.

COLD THERAPY UNIT (DAYS) QUANTITY REQUESTED: 30.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES CONTINUOUS FLOW CRYOTHERAPY

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Continuous Flow Cryotherapy

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. ODG recommends continuous-flow cryotherapy as an option after surgery, but not for non-surgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage. In this case, patient is authorized to undergo left knee arthroscopic meniscectomy and debridement. Cold therapy unit is recommended for postoperative use; hence, the medical necessity has been established. However, there is no discussion as to why 30 days of treatment should be certified. The guideline only recommends up to 7 days of use post-operatively. Therefore, the request for cold therapy unit x 30 days is not medically necessary.

POST OP PHYSICAL THERAPY QTY 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

Decision rationale: CA MTUS Post-surgical Treatment Guidelines recommend 12 post operative physical therapy visits over 12 weeks for dislocation of knee, and tear of lateral / medial cartilage. Post-surgical treatment period is 6 months. In this case, patient is authorized to undergo left knee arthroscopic meniscectomy and debridement. Post-operative physical therapy is guideline recommended; hence, the medical necessity has been established. However, the present request as submitted failed to specify body part to be treated. The request is incomplete; therefore, the request for postoperative physical therapy x 12 is not medically necessary.