

<b>Case Number:</b>	CM14-0217706		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	02/23/2011
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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. 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: California

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:

This is a 57-year-old female with a work related injury dated February 23, 2011. At the physician's visit dated December 4, 2011, the worker was complaining of a left knee pain and a diagnosis of left knee tear of the medical cartilage and/or the meniscus of the knee. The pain was rated a seven to a ten on a scale of ten and was throbbing in nature and worse with walking. Past treatment history included two surgeries and ACL repair. The worker also has a history of recent lung infection and a diagnosis of brain tumor and atrial fibrillation four years prior. Physical exam was remarkable for left knee pain in the medial joint with range of motion decreased with flexion and extension, contralateral knee non-tender with full range of motion and normal quad strength. Diagnoses at this visit included lower leg joint pain, tear in the medial and lateral cartilage and/or meniscus of the knee and osteoarthritis of the knee. Treatment plan at this visit included medical and surgical clearance for left total knee replacement. Medical clearance included a request for a pulmonologist evaluation, a dental evaluation, labs and electrocardiogram. The physician also requested authorization for a left total knee replacement, post-operative physical therapy 16 visits and post-operative Icedman therapy. The utilization review decision dated December 19, 2014 non-certified the request for a ROM knee brace and partial certification of pre-operative medical clearance/pulmonary clearance/dental clearance/labs/electrocardiogram to approve all request with labs specified as a urinalysis, complete blood count and complete metabolic panel. The Icedman request was partially certified to approve standard cold therapy unit for one-week rental instead of the brand name of Icedman. The rationale for the pre-operative partial certification was based on the ODG, which supports

preoperative testing, the request for labs was an unclear request, and so the certification was for specific labs as listed. The partial certification for an iceman was partially certified to cover standard cold therapy unit rental for one week. The rationale states the guidelines does not support brand name durable medical equipment. The request for 16 physical therapy visits post-operative was partially certified for approval of 12 physical therapy visits post-operative. The rationale for this decision was based on the CA MTUS Post-Surgical Treatment Guidelines, which recommends 24 visits over ten weeks for post-surgical treatment of arthritis. The guidelines recommend an initial post-operative physical therapy treatment of two times per week for six weeks. Further treatment would be based on the claimant's response including objective and functional gains to support the continuation of therapy.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Associated surgical service: Pre-op PCP medical clearance/pulmonary clearance/dental clearance/labs/EKG: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back, preoperative testing

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of preoperative clearance and testing. ODG, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. ODG states: These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high risk surgery and those undergoing intermediate risk surgery who have additional risk factors. Patients undergoing low risk surgery do not require electrocardiography. Based on the information provided for review, there is no indication of any of these clinical scenarios present in this case. In this case the patient is a healthy 57 year old without dental disease or physical examination findings concerning to warrant dental clearance prior to the proposed surgical procedure. Therefore, the determination is for non-certification.

**Associated surgical service: Iceman: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation Official Disability Guidelines Knee and Leg

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee and Leg, Continuous flow cryotherapy

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of cryotherapy. According to ODG, Knee and Leg Chapter regarding continuous flow cryotherapy it is a recommended option after surgery but not for nonsurgical treatment. It is recommended for upwards of 7 days postoperatively. In this case the request has an unspecified amount of days. Therefore, the determination is for non-certification.

**Associated surgical service: ROM knee brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

**Decision rationale:** CA MTUS / ACOEM Chapter 13 Knee complaints, page 340 states that a brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability although its benefits may be more emotional than medical. According to the ODG, Knee chapter, Knee brace section, knee braces may be appropriate in patients with one of the following conditions: knee instability, ligament insufficiency/deficiency, reconstructed ligament, articular defect repair, avascular necrosis, and specific surgical interventions. The exam notes from 12/4/11 do not demonstrate the claimant is not experiencing specific laxity, instability, and ligament issues or has undergone surgical intervention. Therefore, the request for durable medical equipment, knee brace, is not medically necessary and appropriate.

**Associated surgical service: Post-op outpatient physical therapy 2 times a week for 6 weeks (left knee):** Overturned

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

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

**Decision rationale:** Per the CA MTUS/Post Surgical Treatment Guidelines, page 24, arthroplasty of the knee recommends 24 visits over 10 weeks with a post surgical treatment period of 4 months. The guidelines recommend 1/2 of the authorized visit initially therefore, 12 visits are medically necessary. As the request matches the initial 12 visits, the determination is for certification.