

Case Number:	CM15-0014168		
Date Assigned:	02/02/2015	Date of Injury:	02/22/2012
Decision Date:	03/23/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/26/2015

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:

This 45 year old female sustained a work related injury 02/22/12. Injury occurred relative to a slip and fall, when she landed on her right knee and elbow. Past medical history was positive for on-going gastrointestinal issues due to taking large amounts of non-steroidal anti-inflammatory drugs (NSAIDs). Social history was positive for current smoking pack per day for 25 years. Records documented height 5'9" and weight 274 pounds (calculated body mass index 40.5). MRI findings documented medial meniscus tear with moderate medial compartment osteoarthritis. The 12/11/14 treating physician report cited constant right knee pain with associated locking, popping and giving out. A recent knee injection provided 30% pain relief for 3 to 4 days. Right knee physical exam documented mild anterior swelling, range of motion 0-90 degrees, medial joint line tenderness, and positive McMurray's test. There was no instability and normal strength. The diagnosis included right knee contusion, osteoarthritis, medial meniscus tear, and medial collateral ligament sprain. The patient had failed non-operative treatment. A right knee arthroscopy and medial meniscectomy was recommended. Additional requests included pre-operative medical clearance, pre-operative EKG and chest x-ray, and cold compression therapy for post-op pain and swelling x 3 weeks. On 12/29/2014, Utilization Review, non-certified pre-op medical clearance, pre-op studies: chest x-ray, electrocardiogram and ice therapy cold compression therapy x 3 weeks. According to the Utilization Review physician, the injured worker did not meet Guideline criteria for pre-op medical clearance, chest x-ray or EKG as the injured worker is less than 50 years old and had no significant medical issues. In regard to ice therapy cold compression therapy, there was no evidence that a self-applied ice pack is not as

efficacious as a cold therapy device. A cold therapy unit is not required for knee arthroscopy. Guidelines cited for this review included CA MTUS ACOEM, Official Disability Guidelines, and ACC/AHA 2007 Guidelines on Perioperative Cardiovascular Evaluation and Care for Non-cardiac Surgery. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op Medical Clearance with [REDACTED]: Overturned

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 Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p

Decision rationale: The California MTUS guidelines do not provide recommendations for pre-operative medical clearance. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. This patient is of large habitus with a 25-year smoking history and on-going gastrointestinal issues relative to large volume NSAIDs use. Guideline criteria have been met based on these comorbidities and the risks of undergoing anesthesia. Therefore, this request is medically necessary.

Pre-op studies: Chest X-ray, EKG: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back

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 routine pre-operative chest radiographs are not recommended except when acute cardiopulmonary disease is suspected on the basis of history and physical examination. 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 been met. Middle-aged female smokers of large habitus have known occult increased cardiovascular risk factor to support the medical necessity of a pre-procedure EKG and chest x-ray. Therefore, this request is medically necessary.

Ice therapy cold compression therapy x3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation ODG Treatment Guidelines, Knee chapter, Continuous-flow cryotherapy

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; Cold compression therapy

Decision rationale: The California MTUS is silent regarding cold compression units. The Official Disability Guidelines generally recommend continuous flow cryotherapy for up to 7 days as an option for patients undergoing knee arthroscopy. Guidelines state that there are no published high quality studies on the Game Ready device or any other combined cold and compression system to support the increased efficacy over cryotherapy alone. There is no compelling reason to support the medical necessity of this request for a non-complex knee procedure in the absence of guideline support for combined cold and compression units and for a duration beyond guideline-recommended cryotherapy. Therefore, this request is not medically necessary.