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| <b>Case Number:</b>   | CM15-0174850 |                              |            |
| <b>Date Assigned:</b> | 09/09/2015   | <b>Date of Injury:</b>       | 08/11/2014 |
| <b>Decision Date:</b> | 10/30/2015   | <b>UR Denial Date:</b>       | 08/04/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/04/2015 |

### 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: California, Indiana, Oregon  
 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:

The injured worker is a 52-year-old male, who sustained an industrial injury on 8-11-2014. The injured worker was diagnosed as having medial and lateral meniscus tears and patellofemoral chondromalacia. Treatment to date has included diagnostics, physical therapy, right shoulder surgery 5-07-2015, cortisone injection to the right knee, and medications. Per the initial evaluation (12-10-2014), the injured worker denied any history of systemic illness or any major hospitalizations or surgeries. Lab work (4-21-2015), including a complete blood count and chemistry, was submitted. No significant results were documented. Currently (7-14-2015), the injured worker complains of right shoulder pain and stiffness and persistent right knee pain. He was using a cane for assistance with ambulation and had difficulty with all weight bearing activities. He had no known drug allergies and was currently taking Naproxen. Magnetic resonance imaging of the right knee noted a medial meniscus tear, a lateral meniscus tear, and patellofemoral chondromalacia. The treatment plan included right knee arthroscopic partial medial and lateral meniscectomy and chondroplasty with associated surgical services. On 8-04-2015, the Utilization Review (UR) non-certified the request for a pre-operative physical exam for medical clearance, an assistant surgeon, pre-operative electrocardiogram, and lab work. The UR modified the request for post-operative physical therapy (12-sessions) to post-operative physical therapy (6-sessions).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Preoperative physical examination for medical clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, State of California Official Medical Fee Schedule, 1999 Edition, Pages 92-93.

**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.

**Decision rationale:** The CA MTUS/ACOEM Guidelines are silent on the issue of preoperative clearance and testing. According to the Official Disability Guidelines, preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. ODG states that 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. Preoperative ECG in patients without known risk factor for coronary artery disease, regardless of age, may not be necessary. CBC is recommended for surgeries with large anticipated blood loss. Creatinine is recommended for patient with renal failure. 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 52 year old without comorbidities or physical examination findings concerning to warrant preoperative testing prior to the proposed surgical procedure. Therefore, the request is not medically necessary.

**Preoperative EKG (electrocardiogram):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA (American College of Cardiology/American Heart Association), 2007 Guidelines on Peri-operative Cardiovascular Evaluation and Care for Non Cardiac Surgery.

**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.

**Decision rationale:** The CA MTUS/ACOEM Guidelines are silent on the issue of preoperative clearance and testing. According to the Official Disability Guidelines, preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. ODG states that 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. Preoperative ECG in patients without known risk factor for coronary artery disease, regardless of age, may not be necessary. CBC is recommended for surgeries with large anticipated blood loss. Creatinine is recommended for patient with renal failure.

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 52 year old without comorbidities or physical examination findings concerning to warrant preoperative testing prior to the proposed surgical procedure. Therefore, the request is not medically necessary.

**CBC (complete blood count):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI).

**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.

**Decision rationale:** The CA MTUS/ACOEM Guidelines are silent on the issue of preoperative clearance and testing. According to the Official Disability Guidelines, preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. ODG states that 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. Preoperative ECG in patients without known risk factor for coronary artery disease, regardless of age, may not be necessary. CBC is recommended for surgeries with large anticipated blood loss. Creatinine is recommended for patient with renal failure.

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 52 year old without comorbidities or physical examination findings concerning to warrant preoperative testing prior to the proposed surgical procedure. Therefore, the request is not medically necessary.

**Chem 8 (chemistry panel 8):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI).

**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.

**Decision rationale:** The CA MTUS/ACOEM Guidelines are silent on the issue of preoperative

clearance and testing. According to the Official Disability Guidelines, preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. ODG states that 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. Preoperative ECG in patients without known risk factor for coronary artery disease, regardless of age, may not be necessary. CBC is recommended for surgeries with large anticipated blood loss. Creatinine is recommended for patient with renal failure. 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 52 year old without comorbidities or physical examination findings concerning to warrant preoperative testing prior to the proposed surgical procedure. Therefore, the request is not medically necessary.

**Postoperative Physical Therapy (12-sessions): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

**Decision rationale:** According to the CA MTUS/Post Surgical Treatment Guidelines, 12 visits of therapy are recommended after arthroscopy with partial meniscectomy over a 12-week period. The guidelines recommend initially of the 12 visits to be performed. As the request exceeds the initial allowable visits, the request is not medically necessary.

**Assistant Surgeon: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicare Services, Physician Fee Schedule Search, CPT Code 64721 ([http:// www.cms.gov/apps/physician-fee-schedule/overview.aspx](http://www.cms.gov/apps/physician-fee-schedule/overview.aspx)).

**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.

**Decision rationale:** The CA MTUS/ACOEM Guidelines are silent on the issue of a surgical assistant. According to the Official Disability Guidelines, more complex cases based off CPT code are felt to warrant the use of a surgical assistant. The requested procedure is meniscectomy. Given the level of complexity of the surgery, it is not felt to be medically necessary to have an assistant.