

<b>Case Number:</b>	CM15-0044118		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	11/07/2013
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	02/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

### 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 59-year-old female who reported an injury on 11/07/2013. The mechanism of injury was cumulative trauma. Her diagnosis was noted as osteoarthritis. During the assessment on 12/29/2014, the injured worker was re-evaluated regarding her right knee. She reported worsening symptoms and achiness, stiffness, pain, and swelling with prolonged weight bearing activities as well as mechanical symptoms of locking, buckling, and whenever she was trying to pivot or turn. It was noted that she had completed all conservative modalities of rest, ice, anti-inflammatories, analgesics, home stretching, and strengthening exercise without any lasting relief. The physical examination revealed tenderness over the patellofemoral articulation, positive patellofemoral crepitation, positive patellofemoral grind, pain with deep squat, and range of motion of 0 to 125 degrees. There was tenderness to the medial joint line and a positive McMurray's and Apley's compression test. It was noted that the injured worker was an appropriate candidate for a diagnostic and operative arthroscopy. The Request for Authorization form was dated 02/10/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Postoperative knee brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Knee brace.

**Decision rationale:** The request for postoperative knee brace is not medically necessary. The Official Disability Guidelines recommend valgus knee braces for knee osteoarthritis. Knee braces that produce valgus moment about the knee, markedly reduce the adduction moment and unload the medial compartment of the knee, but could be impractical for many patients. However, the request is for postoperative use. There is no indication that the injured worker had undergone surgery or was scheduled for surgery. As such, the knee brace for postoperative use is not medically necessary.

**Preoperative medical clearance, complete blood count (CBC), complete metabolic panel (CMP), prothrombin time (PT)/partial thromboplastin time (PTT), hepatitis virus (HEP) panel, human immunodeficiency virus (HIV) panel, urinalysis (UA), electrocardiogram (EKG), and chest X-ray:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Preoperative electrocardiogram (ECG); Preoperative lab testing; [www.guideline.gov/content.aspx?id=48408](http://www.guideline.gov/content.aspx?id=48408).

**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, Preoperative lab testing; Preoperative testing, general.

**Decision rationale:** The request for preoperative medical clearance, complete blood count (CBC), comprehensive metabolic panel (CMP), prothrombin time (PT)/partial thromboplastin time (PTT), hepatitis virus (HEP) panel, human immunodeficiency virus (HIV) panel, urinalysis (UA), electrocardiogram (EKG), and chest X-ray is not medically necessary. The Official Disability Guidelines indicate that preoperative additional tests are excessively ordered, with little or no interference in preoperative management. The guidelines indicate the criteria for preoperative lab testing include, preoperative urinalysis is recommended for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material; the electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure; a complete blood count is indicated for patients with diseases that increase the risk of anemia or patients in whom significant preoperative blood loss is anticipated, and coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding and for those taking anticoagulants. The clinical documentation did not indicate that the injured worker met any of the criteria for preoperative lab testing. Additionally, there was no indication that the injured worker was scheduled for surgery, to warrant the need for preoperative

lab testing. As such, the request is not supported. In regard to the electrocardiogram and chest x-ray, preoperative testing is often performed before surgical procedures. Patients with signs and 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. Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change preoperative management. However, there was no indication that the injured worker was scheduled for surgery. Additionally, there was no indication that the injured worker was undergoing high risk surgery or undergoing an intermediate risk surgery with additional risk factors to warrant the need for electrocardiogram. Furthermore, there was no indication that the injured worker was at risk of postoperative pulmonary complications to warrant the need for a chest x-ray. Given the above, the request is not medically necessary.