

Case Number:	CM15-0071864		
Date Assigned:	04/22/2015	Date of Injury:	10/01/2013
Decision Date:	05/27/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/15/2015

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: Minnesota, Florida
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 51 year old male, who sustained an industrial injury on 10/1/2013. The current diagnoses are medial meniscus tear of the right knee; rule out medial meniscus tear of the left knee, and bilateral patellofemoral pain and extensor tendinitis. According to the progress report dated 3/24/2015, the injured worker complains of persistent bilateral knee pain, right greater than left. The current medications are Naproxen. Treatment to date has included medication management, MRI studies, physical therapy, home exercise program, and chiropractic. The plan of care includes right knee arthroscopy debridement meniscectomy, pre-operative medical clearance with anesthesiologist, including CBC and EKG, 12 post-operative physical therapy sessions to the right knee, surgical assistant, and cold therapy unit purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative medical clearance with anesthesiologist, including CBC and EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website 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 ODG: Section: Low Back, Topic: Preoperative testing, general, Preoperative testing, laboratory, Preoperative electrocardiogram.

Decision rationale: With respect to a preoperative medical clearance with anesthesiologist including CBC and EKG, ODG guidelines indicate that the decision should be based upon comorbidities. The documentation indicates the presence of diabetes and a history of taking NSAIDs. The injured worker is 51-years-old. In light of the presence of comorbidities, a preoperative evaluation by the anesthesiologist is appropriate and medically necessary. The request for a CBC per guidelines is indicated for patients with diseases that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated. The documentation does not indicate the presence of such diseases. The perioperative blood loss is not likely to be significant with an arthroscopy of the knee. As such, the CBC is not indicated per guidelines. With regard to the request for preoperative EKG, ODG guidelines indicate that patients undergoing low risk surgery do not require electrocardiography. Preoperative EKGs in patients without known risk factors for coronary disease, regardless of age, may not be necessary. Arthroscopy of the knee is regarded as low risk surgery. As such, the request is not medically necessary.

Surgical assistant: 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 Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Surgeons, Surgical Assistants, 2013 Study.

Decision rationale: The American College of Surgeons in corroboration with 15 other specialty surgical organizations has jointly published and released the Physicians as Assistants at Surgery, a report that provides guidance on how often an operation might require the use of a physician as an assistant. The 2013 study indicates that a surgical assistant is not needed or is seldom needed for arthroscopy with medial meniscectomy and chondroplasty. As such, the request is not medically necessary.

Cold therapy unit purchase: 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 Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Knee, Topic: Continuous Flow Cryotherapy.

Decision rationale: ODG guidelines recommend continuous flow cryotherapy as an option after knee surgery for 7 days. It reduces pain, swelling, inflammation, and need for narcotics after surgery. Use beyond 7 days is not recommended and a rental is appropriate. As such, the request is not medically necessary.