

Case Number:	CM14-0207512		
Date Assigned:	12/19/2014	Date of Injury:	04/21/2014
Decision Date:	12/07/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/11/2014

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, 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 55-year-old female, who sustained an industrial injury on 4-21-14. She reported left knee pain. The injured worker was diagnosed as having left knee medial meniscus tear, left knee Baker's cyst, left knee joint effusion, left knee traumatic synovitis, left knee patella chondromalacia, left knee pain, and left knee patella subluxation. Treatment to date has included at least 6 physical therapy sessions and medication including Ibuprofen, Tramadol, and Cymbalta. Physical examination findings on 10-27-14 included left knee blocked tibiofemoral rotation, a positive McMurray's test, and tenderness over the posterior horn of the medial meniscus. Anterior drawer test caused pain without gross laxity. On 10-27-14, the injured worker complained of left knee pain with radiation to the right hip and leg. On 10-27-14, the treating physician requested authorization for associated surgical services including transportation to and from the surgery center, post-operative physiotherapy, post-operative acupuncture (12-sessions), IFC unit with supplies, an electrocardiogram, pulmonary function, CBC, Chem 12, PT, PTT, hemoglobin A1C, and urinalysis. On 11-18-14, the requests were non-certified. At the time of the request, the treatment plan included left knee arthroscopy, partial medial meniscectomy, and chondroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: transportation to and from surgery center: 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 and Leg (Acute & Chronic), Transportation to and from appointments.

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

Decision rationale: The CA MTUS/ACOEM is silent on the issue of transportation. According to the ODG, Knee and Leg Chapter, Transportation is recommended for patients with disabilities preventing them from self-transport. In this case, the exam notes does not demonstrate evidence of functional impairment precluding self-transportation. Therefore, the determination is not medically necessary.

Associated surgical service: post-op physiotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Physical Therapy.

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 does not specify a duration or frequency, medical necessity is not established.

Associated surgical service: post-operative acupuncture, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: According to the CA MTUS Acupuncture Medical Treatment Guidelines, the frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. (d) Acupuncture treatments may be extended if functional improvement is documented. The guidelines specifically report 3-6 treatments initially. As the request is for 12 visits, the request is not medically necessary.

Associated surgical service: IFC unit with supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, Interferential Current Stimulation is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodologic issues. The ODG Knee recommends NMES as an option after ACL reconstruction used early in the post-operative setting. It is recommended for use at the physical therapy sessions and not for home use. The request is for DME for a stimulator unit, which while recommended as an option, is most appropriately used at physical therapy. Based on this the request is not medically necessary.

Associated surgical service: EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.medscape.com/article/285191-overview#a1.

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 Chapter.

Decision rationale: The CA MTUS/ACOEM is 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. 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. 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 healthy without comorbidities or physical examination findings concerning to warrant preoperative testing prior to the proposed surgical procedure. Therefore, the request is not medically necessary.

Associated surgical service: pulmonary function: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.medscape.com/article/285191-overview#a1.

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 Chapter.

Decision rationale: The CA MTUS/ACOEM is 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. 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. 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 healthy without comorbidities or physical examination findings concerning to warrant preoperative testing prior to the proposed surgical procedure. Therefore, the request is not medically necessary.

Associated surgical service: complete blood count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.medscape.com/medline/abstract/8441296.

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 Chapter.

Decision rationale: The CA MTUS/ACOEM is 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. 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. 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 healthy without comorbidities or physical examination findings concerning to warrant preoperative testing prior to the proposed surgical procedure. Therefore, the request is not medically necessary.

Associated surgical service: Chem 12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.medscape.com/medline/abstract/8441296.

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 Chapter.

Decision rationale: The CA MTUS/ACOEM is 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. 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. 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 healthy without comorbidities or physical examination findings concerning to warrant preoperative testing prior to the proposed surgical procedure. Therefore, the request is not medically necessary.

Associated surgical service: Prothrombin time (PT): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.medscape.com/medline/abstract/8441296.

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 Chapter.

Decision rationale: The CA MTUS/ACOEM is 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. 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. 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 healthy without comorbidities or physical examination findings concerning to warrant preoperative testing prior to the proposed surgical procedure. Therefore, the request is not medically necessary.

Associated surgical service: partial thromboplastin time (PTT): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.medscape.com/medline/abstract/3723774.

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 Chapter.

Decision rationale: The CA MTUS/ACOEM is 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. 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. 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 healthy without comorbidities or physical examination findings concerning to warrant preoperative testing prior to the proposed surgical procedure. Therefore, the request is not medically necessary.

Associated surgical service: hemoglobin A1C: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.medscape.com/medline/abstract/8441296.

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 Chapter.

Decision rationale: The CA MTUS/ACOEM is 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. 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. 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 healthy without comorbidities or physical examination findings concerning to warrant preoperative testing prior to the proposed surgical procedure. Therefore, the request is not medically necessary.

Associated surgical service: urinalysis (UA): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.medscape.com/medline/abstract/2511275.

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 Chapter.

Decision rationale: The CA MTUS/ACOEM is 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. 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. 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 healthy without comorbidities or physical examination findings concerning to warrant preoperative testing prior to the proposed surgical procedure. Therefore, the request is not medically necessary.