

<b>Case Number:</b>	CM14-0141261		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	07/31/2014
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Maryland. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 44 year old female who reported an injury to her right knee. The clinical note dated 08/05/14 indicates the injured worker complaining of right knee and leg pain. Upon exam, swelling was identified throughout the right knee with tenderness identified at the lateral joint line. The utilization review dated 08/08/14 resulted in denials for the right knee arthroscopic chondroplasty and meniscectomy along with an ORIF at the right tibia with preoperative labs and an EKG as insufficient information had been submitted confirming the need for the requested surgery. The injured worker stated the initial injury occurred when she fell off a ladder onto her right knee on 07/31/14. The x-rays of the right tibia fibular region dated 07/31/14 revealed a tibial plateau fracture. The x-rays revealed a depressed comminuted lateral tibial plateau fracture with a comminuted fibular head fracture without significant annulation or displacement. No additional fractures were identified along the shaft of the tibia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Knee Arthroscopy #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**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 Chapter, Diagnostic arthroscopy

**Decision rationale:** The documentation indicates the injured worker complaining of right lower extremity pain. A diagnostic arthroscopy is indicated for injured workers with inconclusive imaging studies following a period of conservative treatments. No imaging studies were submitted regarding any significant findings. It appears from the documentation the injured worker had been recommended for a CT scan. However, no updated CT studies were submitted. Therefore, this request of Right Knee Arthroscopy #1 is not medically necessary and appropriate.

**Chondroplasty #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Indications for surgery

**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 Chapter, Chondroplasty

**Decision rationale:** The request for a chondroplasty is not medically necessary. Without sufficient evidence confirmed by imaging studies regarding any significant pathology, this request of Chondroplasty #1 is not medically necessary and appropriate.

**Partial Meniscectomy #1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Knee and Leg, Indications for Surgery- Meniscectomy

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 344-345.

**Decision rationale:** Given that no imaging studies were submitted confirming a meniscal tear, this request of Partial Meniscectomy #1 is not medically necessary and appropriate.

**Open Reduction internal fixation right tibial plateau fracture:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Knee and Leg, Open Reduction internal fixation (ORIF)

**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 Chapter, Open reduction internal fixation (ORIF)

**Decision rationale:** The documentation indicates the injured worker having undergone x-rays which revealed a comminuted fracture at the right tibial plateau. An Open Reduction internal fixation (ORIF) is indicated for injured workers with a comminuted fracture. Therefore, this request of open reduction internal fixation right tibial plateau fracture is medically necessary and appropriate.

**Comprehensive Metabolic Panel:** Upheld

**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 Official Disability Guidelines (ODG) Low Back Chapter, Pre-operative lab studies.

**Decision rationale:** There is an indication the injured worker would likely benefit from the requested ORIF however, no significant findings were identified in the clinical documentation indicating the need for lab studies. Additionally, given the injured worker's age preoperative testing is not fully indicated. As such, the Comprehensive Metabolic Panel is not medically necessary and appropriate

**Complete Blood Count with Differential:** Upheld

**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 Official Disability Guidelines (ODG) Low Back Chapter, Pre-operative lab studies.

**Decision rationale:** There is an indication the injured worker would likely benefit from the requested ORIF however, no significant findings were identified in the clinical documentation indicating the need for lab studies. Additionally, given the injured worker's age, preoperative testing is not fully indicated. Therefore, the request for Complete Blood Count with Differential is not medically necessary and appropriate.

**Urine Drug Screen; Human Chorionic Gonadotrophin (HCG):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back (updated 07/03/14), Preoperative Testing, general.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Drug testing Page(s): 43.

**Decision rationale:** The request for a urine drug screen is non-certified. Urine drug testing is indicated for injured workers who have demonstrated abhorrent behavior, inconsistent findings on previous drug testing screens or an ongoing use of opioid therapy. No information was submitted regarding the injured worker's abhorrent behaviors or inconsistent findings. Additionally, no information was submitted regarding the injured worker's ongoing use of opioid therapy. Therefore, this request Urine Drug Screen; Human Chorionic Gonadotrophin (HCG) is not medically necessary and appropriate.

**Electrocardiogram:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Preoperative electrocardiogram (ECG)

**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, Preoperative electrocardiogram (ECG)

**Decision rationale:** No information was submitted regarding the injured worker's cardiac, circulatory, or respiratory involvement. Given the injured worker's age and taking into account the lack of significant findings, the request for an electrocardiogram is not medically necessary.