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Notice of Independent Review Decision

DATE: November 12, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Pre-Op Cardiac Clearance 99245, 78452, 93015 and Thallium Stress Test A9500, A9502, J2785

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

This physician is Board Certified by the American Board of Occupational Medicine and Pain Management with over 34 years of experience.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

11/14/11: Office Visit
01/09/12: Office Visit
01/16/12: Office Visit
01/16/12: X-ray Left Knee report
01/23/12: Office Visit
01/30/12: Office Visit
02/06/12: Office Visit
05/21/12: Office Visit
07/30/12: Office Visit
08/27/12: UR performed
09/07/12: UR performed
09/30/12: Letter

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female who slipped and fell on a hanger that was on the floor at work injuring her low back and left knee. She is status post four left knee surgeries including ACL reconstruction and meniscectomy.

11/14/11: The claimant was evaluated for left knee pain. It was noted that she had a left ACL reconstruction several years prior. Her most recent surgery (date not given) was a meniscectomy and "some other procedure that she cannot recall that involved a plastic screw". Vital signs: Height 62", Weight 152 lbs, BMI 27.8. Past medical history indicated that she has diabetes and is a non-smoker. Her current medications included ibuprofen and Metformin. On physical exam of the left knee, she had an antalgic gait with a severe left limp. She had medical and lateral joint line pain with effusion. Positive McMurray's and patellar crepitus. Range of motion was 0-110 degrees. Positive pivot shift. Left patellar reflex was 0/3. She had normal lower extremity sensory exam. Positive left SLR. MRI of the left knee dated 10/28/11 revealed intact ACL graft with no sidewall or roof impingement onto the graft, 7 mm focal thinning articular cartilage on the medial femoral condyle consistent with osteoarthritis. PLAN: Continue medications. Consider left L4-L5 and L5-S1 ESI, some component of her knee pain is likely radicular. Consider left knee injections.

01/09/12: The claimant was reevaluated for left knee pain. There were no documented changes on exam. No reference was made to past medical history or review of systems. PLAN: Supartz injection #1 left knee today.

01/16/12, 01/23/12, 01/30/12, 02/06/12: The claimant returned to see MD for Supartz injection #2, 3, 4, 5. No reference was made to past medical history or review of systems. She underwent a series of five left knee Supartz injections.

01/16/12: X-ray Left Knee report. IMPRESSION: Postoperative changes consistent with prior ACL repair.

05/21/12: The claimant was reevaluated by MD for left knee pain. No reference was made to past medical history or review of systems. PLAN: X-rays left knee, consider left TKA.

07/30/12: The claimant was reevaluated by MD for left knee pain. No reference was made to past medical history or review of systems. It was noted that she wanted to proceed with left TKA. PLAN: Continue medications. Will continue with precert left TKA. Cardiac evaluation. RTC prior to surgery.

08/27/12: UR. The history and documentation do not objectively support the request for a preop cardiac clearance and stress thallium testing in the absence of a history of risk factors that support proceeding in this way. No prior history of cardiac or other associated problems or other medical conditions has been submitted in support of this request. The medical necessity of this testing has not been clearly demonstrated and a clarification was not obtained.

09/07/12: UR. The documentation provided does not objectively support the request for a preop cardiac clearance and invasive stress thallium testing in the absence of a history of cardiac risk factors that support proceeding in this way. The patient has no documented prior history of cardiac or other associated problems or any other general medical conditions that would support this request. The treating physician provided a letter of appeal. This letter states that a stress thallium test is the “standard of care for this community.” This, however, is not the standard of care nationwide according to the ASA Guidelines for perioperative risk assessment. The ODG is silent on request for Thallium Stress Test; however, the NIH references a thallium stress test as an adjunct that can be ordered before a patient has surgery if they are at high risk for heart disease or complications. This patient has no risk factors documented. This has been requested as a routine screening study in a patient with no cardiac history. The medical necessity of this testing has not been clearly demonstrated and a clarification was not obtained. Not recommended for certification.

09/30/12: Letter from MD. This letter states: female with end stage degenerative joint disease of the left knee. She has failed nonoperative treatments for left knee pain. She is a candidate for left total knee arthroplasty. Preparation for this operation across the country includes preoperative laboratory work, EKG, urine analysis, and cardiac stress test which in this case would include stress thallium. This is the standard of care for this community, and for every patient that I have performed joint replacement, be it hip or knee. There is no rational reason to not have preoperative cardiac clearance and stress testing other than to save money, as the surgery is stressful to the cardiovascular system and having this information helps medically optimize the patient for a safe surgery.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The previous adverse decisions are upheld. The claimant is a female with end stage degenerative joint disease of the left knee. She has failed nonoperative treatments for left knee pain. There is mention of candidacy for left total knee arthroplasty and this is a request for a cardiac stress test screening including a stress thallium. The claimant’s height of 62”, weight of 152 lbs, and BMI 27.8 do not fall into the obese category; however, the history indicated that she is a non-insulin dependent diabetic and is a non-smoker. Her current medications included Ibuprofen and Metformin. Documentation indicates that her left knee has an antalgic gait with a severe left limp and effusion, a positive McMurray’s, patellar crepitus, active range of motion 0-110 degrees, a positive pivot shift, and a left patellar reflex that was 0/3. She had normal lower extremity sensory exam and a positive left SLR suggesting a possible radicular component to her pain. MRI of the left knee dated 10/28/11 revealed intact ACL graft from previous surgery with no sidewall or roof impingement onto the graft, 7 mm focal thinning articular cartilage on the medial femoral condyle consistent with osteoarthritis. There are no other cardiac risk factors mentioned in this history.

Rationale: The treating physician provided a letter of appeal. This letter states that a stress thallium test is the “standard of care for this community.” The ODG is silent on request for Thallium Stress Test. The U.S. Preventive Services Task Force (USPSTF) recommends against routine screening with resting electrocardiography (ECG), exercise treadmill test (ETT), or electron-beam computerized tomography (EBCT) scanning for coronary calcium for either the presence of severe coronary artery stenosis (CAS) or the prediction of coronary heart disease (CHD) events in adults at low risk for CHD events. “Screening with ECG, ETT, and EBCT could potentially reduce CHD events in 2 ways: either by detecting people at high risk for CHD events who could benefit from more aggressive risk factor modification, or by detecting people with existing severe CAS whose life could be prolonged by coronary artery bypass grafting (CABG) surgery. However, the evidence is inadequate to determine the extent to which people detected through screening in either situation would benefit from either type of intervention. The consequences of false-positive tests may potentially outweigh the benefits of screening. False-positive tests are common among asymptomatic adults, especially women, and may lead to unnecessary diagnostic testing, over-treatment, and labeling.” This patient has no risk factors documented. This has been requested as a routine screening study in a patient with no cardiac history. The medical necessity of this testing has not been clearly demonstrated and a clarification was not obtained. Not recommended for certification as this screen could result in more harm than good. Therefore, the request for Appeal Pre-Op Cardiac Clearance 99245, 79452, 93015 and Appeal Thallium Stress Test A9500, A9502, J2785 is denied.

ODG does not specifically address pre-op cardiac clearance or thallium stress test.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN**
- INTERQUAL CRITERIA**
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- MILLIMAN CARE GUIDELINES**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- TEXAS TACADA GUIDELINES**
- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**