

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Notice of Independent Medical Review Determination

Dated: 11/7/2013

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/19/2013
Date of Injury: 5/11/2011
IMR Application Received: 7/31/2013
MAXIMUS Case Number: CM13-0004993

- 1) MAXIMUS Federal Services, Inc. has determined the request for one chest x-ray **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for one pre-operative laboratory test (complete blood count and chemistry panel **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for one pre-operative history and physical **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/31/2013 disputing the Utilization Review Denial dated 7/19/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/14/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for one chest x-ray **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for one pre-operative laboratory test (Complete Blood Count and Chemistry Panel **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for one pre-operative History and Physical **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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.

Expert Reviewer Case Summary:

The patient is a 24-year-old female who reported an injury on 6/08/08. The mechanism of injury is not specifically stated at this time. An operative report was submitted on 3/19/13 by Dr. [REDACTED]. The patient's pre-op diagnoses include thoracic outlet syndrome and compression of a vein. The operative report indicated the patient underwent angiogram with catheterization under ultrasound guidance. The patient was then seen by Dr. [REDACTED] on 3/26/13 with complaints of 4/10 pain. The patient also reported numbness in the right fingers and tingling in the right hand as well. It is noted the patient has undergone physical therapy and acupuncture treatment, as well as an MRI of the cervical spine, stellate ganglion blocks, and nerve conduction velocity testing. Physical examination revealed positive abduction external rotation (AER) and elevated arm stress test (EAST) testing bilaterally, negative Tinel's and Phalen's, and normal motor and sensory examination. Diagnosis included thoracic outlet syndrome, improved. Recommendations included physical therapy with a followup in 3 months. The patient was again seen by Dr. [REDACTED] on 4/09/13 and 6/18/13 with similar complaints of 4/10 to 6/10 pain. Physical examination revealed no significant changes. Recommendations included continuation of physical therapy, a right supraclavicular total scalenectomy, and repeat venogram and percutaneous angioplasty of the head, neck, and arm vessels after scalenectomy. A supplemental report was then submitted on 6/21/13 by Dr. [REDACTED]. It is noted the patient underwent electrophysiological examination, as well as an MRI, both of which indicated negative results. It was determined at that time that the therapy recommended by Dr. [REDACTED] was reasonable and necessary to cure or relieve the patient's condition. Further treatment of the upper extremity problems was recommended. A medical review was then conducted by Dr. [REDACTED] on 7/19/13. The specific treatment requested included the chest x-ray preoperative between the

time period of 7/15/13 and 8/29/13, preoperative laboratory testing to include a complete blood count and chemistry panel between the time period of 7/15/13 and 8/29/13, and a preoperative history and physical submitted between 7/15/13 and 8/29/13.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Employee/Employee Representative
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for one chest x-ray:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on Wall, B.F.; and Hart, D. (1997). "Revised Radiation Doses for Typical X-Ray examinations"-The British Journal of Radiology 70: 437-439. Retrieved 18 May 2012 (5,000 patient dose measurements from 375 hospitals), which is not part of MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines, Low Back Chapter, which are not part of MTUS.

Rationale for the Decision:

The Official Disability Guidelines state that preoperative testing to include chest radiography is often performed before surgical procedures. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. Testing is performed to find latent abnormalities, such as anemia or silent heart disease that could impact how, when, or whether the planned surgical procedure and concomitant anesthesia are performed. In this case, the clinical information submitted does not document evidence of this employee's risk for pulmonary complications prior to surgical intervention. Further, the employee's medical and surgical history is not provided for review to determine the necessity for preoperative testing based on comorbidities. There also is no indication by physical examination findings that suggest this employee is at high risk for surgical complications to warrant the need for preoperative testing. **The request for one chest x-ray is not medically necessary and appropriate.**

2) Regarding the request for one pre-operative laboratory test (complete blood count and chemistry panel):

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on Frank H. Wians, Jr., PhD, MT(ASCP), DABCC, FACB. Clinical Laboratory Tests: Which, Why, and What Do the Results Mean? (2009) LabMedicine, 40, 105-113, which is not part of MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines, Low Back Chapter, which are not part of MTUS.

Rationale for the Decision:

The Official Disability Guidelines state preoperative laboratory testing is recommended for specific indications. The decision to order preoperative testing should be guided by the patient's clinical history, comorbidities, and physical examination findings. Testing should generally be done to confirm a clinical impression and tests should affect the course of treatment. Criteria includes preoperative urinalysis for patients undergoing invasive urological procedures or implantation of foreign material, electrolyte and creatinine testing for patients with underlying chronic disease, and medications that predispose them to electrolyte imbalances or renal failure, glucose testing for patients at high risk of undiagnosed diabetes mellitus, A1C testing for patients whose perioperative management could change; a complete blood count for patients with disease that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated, and coagulation studies for patients with a history of bleeding or medical conditions that predispose them to bleeding. In this case, the clinical notes submitted provide no evidence that the employee meets any of the above mentioned criteria to warrant preoperative lab testing. The employee's surgical and medical history is not provided for review to determine significant comorbidities that would warrant the need for preoperative testing. There is also no indication that this employee suffers from a disease that increases risk of anemia or predisposes to electrolyte abnormalities or renal failure. There is also no indication of significant blood loss expected with the surgical procedure. **The request for one pre-operative laboratory test (complete blood count and chemistry panel) is not medically necessary and appropriate.**

3) Regarding the request for one pre-operative history and physical:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite any evidence basis for its decision.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer

based his/her decision on the Official Disability Guidelines, Low back Chapter, which are not part of MTUS.

Rationale for the Decision:

The Official Disability Guidelines state preoperative testing and 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. History and physical examination can be submitted for the purpose of determining fitness for anesthesia and identifying patients at high risk of postoperative complications. In this case, there is no documentation provided to indicate the need for a physical examination prior to surgical intervention. There is also no evidence provided of the necessity for surgical intervention prior to the operative report. The employee's provider notes a diagnosis to include thoracic outlet syndrome; however, there is no evidence provided prior to the operation that corroborates this diagnosis. Therefore, the medical necessity for the operative intervention cannot be determined. **The request for a pre-operative history and physical is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/th

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.