

Case Number:	CM13-0002320		
Date Assigned:	12/27/2013	Date of Injury:	02/17/2009
Decision Date:	04/02/2014	UR Denial Date:	07/01/2013
Priority:	Standard	Application Received:	07/22/2013

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 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. 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:

29 year old claimant with date of injury 2/17/09. Diagnosis of DeQuervains tenosynovitis. Complaint of right wrist/hand pain and swelling. Finkelstein test positive. Report of failure of conservative treatment with physical therapy and injections. Request for preoperative medical clearance for first dorsal compartment release.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRE-OP MEDICAL CLEARANCE RIGHT FIRST DORSAL COMPARTMENT RELEASE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 11-7.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Pre-operative testing.

Decision rationale: According to the ODG, preoperative testing (e.g. chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. 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, co-morbidities, and physical examination findings. Patients with signs and symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of the preoperative status. Electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. In this 29 year old employee, the decision for release of the first dorsal wrist compartment is defined as a low risk procedure and does not require preoperative testing. Therefore the determination is for non-certification and not medically necessary.