

Case Number:	CM13-0003288		
Date Assigned:	03/03/2014	Date of Injury:	01/28/2010
Decision Date:	04/10/2014	UR Denial Date:	07/05/2013
Priority:	Standard	Application Received:	07/25/2013

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, has a subspecialty in Hand 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:

According to the records made available for review, this is a 65-year-old female with a 1/28/10 date of injury. At the time (7/2/13) of request for authorization for pre-op medical clearance/labs/EKG/ chest x-ray, there is documentation of subjective (paresthesias and numbness in the thumb and small finger) and objective (positive Tinels, Durkan's, and Phalen's signs) findings, current diagnoses (right cubital tunnel and carpal tunnel syndrome), and treatment to date (injection and medications). Medical reports identify certification for right cubital tunnel release and open carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRE-OPERATIVE MEDICAL CLEARANCE, LABS, EKG AND CHEST X-RAY:

Overtaken

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-Treatment for Workers' Compensation (TWC).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-Treatment for Workers' Compensation (TWC).

Decision rationale: MTUS does not address this issue. ODG identifies that 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. Within the medical information available for review, there is documentation of diagnoses of right cubital tunnel and carpal tunnel syndrome. In addition, given documentation of certification for right cubital tunnel release and open carpal tunnel release, there is documentation of pending surgical procedures. Therefore, based on guidelines and a review of the evidence, the request for pre-op medical clearance/labs/Ekg/ chest x-ray is medically necessary.