

Case Number:	CM13-0003719		
Date Assigned:	03/19/2014	Date of Injury:	09/19/2009
Decision Date:	04/22/2014	UR Denial Date:	07/01/2013
Priority:	Standard	Application Received:	07/26/2013

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:

The patient is a 45-year-old female bank employee who sustained an industrial injury on 9/19/09 when she fell backwards in her chair. She underwent status post left cubital tunnel release with transposition of the ulnar nerve on 3/14/11, and first rib resection on 4/9/12 with subtotal scalenectomy, neurolysis and release of subclavian nerve and vein, and lysis and release of the subclavian artery and vein. Past medical history was positive for gastroesophageal reflux disease and obesity. The 6/18/13 treating physician report cited grade 8/10 bilateral head, neck, shoulder and arm pain and left hand and finger pain. Numbness and tingling was reported in both shoulder and arm and in her left hand and fingers. Coldness was reported in the left hand and fingers. Global headaches were reported. Headaches and blurred vision were much improved with percutaneous transluminal angioplasty of the right and left jugular vein, however left arm and hand symptoms persisted. Objective findings documented blood pressure 137/93, negative Adson's and AER bilaterally, EAST test positive bilaterally, no tenderness at Erb's point, negative Tinel's and Phalen's at the carpal and cubital tunnels, normal motor and sensation at the median nerve distribution, no dilated neck veins with arms elevated, and chest veins less prominent. The patient had a left claw hand since 2009. The diagnosis was recurrent thoracic outlet syndrome. The treatment plan recommended physical therapy and left supraclavicular total scalenectomy. The 7/2/13 utilization review decision recommended certification of the left supraclavicular scalenectomy. The surgical request also included pre-operative history and physical, pre-operative EKG, pre-operative chest x-ray, and assistant surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRE-OPERATIVE HISTORY AND PHYSICAL: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation HARRISON'S PRINCIPLES OF INTERNAL MEDICINE, 16TH EDITION, 2005, PAGES 38-42.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: INSTITUTE FOR CLINICAL SYSTEMS IMPROVEMENT (ICSI). PREOPERATIVE EVALUATION

Decision rationale: Under consideration is a request for pre-operative history and physical. The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Guideline criteria have been met. The patient is obese and presented with an elevated diastolic blood pressure. This request is reasonable given the patient's protracted symptoms and potential occult increased cardiovascular risk factors. Therefore, this request for pre-operative history and physical is medically necessary.

PRE-OPERATIVE EKG: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OF MEDICAL EVIDENCE: PRACTICE ADVISORY FOR PREANESTHESIA EVALUATION: AN UPDATED REPORT BY THE AMERICAN SOCIETY OF ANESTHESIOLOGISTS TASK FORCE ON PREANESTHESIA EVALUATION

Decision rationale: Under consideration is a request for pre-operative EKG. The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines state that an EKG may be indicated for patients with known cardiovascular risk factors or for patients with risk factors identified in the course of a pre-anesthesia evaluation. Obese middle-aged females have known occult increased cardiovascular risk factors to support the medical necessity of pre-procedure EKG. Therefore, this request for pre-operative EKG is medically necessary.

PRE-OPERATIVE CHEST X-RAY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation HARRISON'S PRINCIPLES OF INTERNAL MEDICINE, EDITED BY DENNIS KASPTER, M.D., ET.AL. 16TH EDITION, 2005, PAGES 38-43.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACR APPROPRIATENESS CRITERIA (R) ROUTINE ADMISSION AND PREOPERATIVE CHEST RADIOGRAPHY, AMERICAN COLLEGE OF RADIOLOGY.

Decision rationale: Under consideration is a request for pre-operative chest x-ray. The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines state that routine pre-operative chest radiographs are not recommended except when acute cardiopulmonary disease is suspected on the basis of history and physical examination., or there is a history of stable chronic cardiopulmonary disease in an elderly patient (older than age 70) without a recent chest radiograph within the past six months. Records indicate that the patient had a normal chest x-ray performed on 11/28/12. There is no evidence that there is suspicion of acute cardiopulmonary disease to support a repeat chest x-ray. Therefore, this request for a pre-operative chest x-ray is not medically necessary.

ASSISTANT SURGEON: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN ASSOCIATION OF ORTHOPAEDICS; ROLE OF THE FIRST ASSISTANT.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: CENTERS OF MEDICARE AND MEDICAID SERVICES, PHYSICIAN FEE SCHEDULE

Decision rationale: Under consideration is a request for assistant surgeon. The California MTUS and Official Disability Guidelines do not provide recommendations for assistant surgeons. The Centers for Medicare & Medicaid Services (CMS) provide guidelines for surgical procedures which are eligible for an assistant-at-surgery. The procedure codes with a 0 under the assistant surgeon heading imply that an assistant is not necessary; however, procedure codes with a 1 or 2 implies that an assistant is usually necessary. For CPT codes 21700, 35761, and 64713, a number 2 was listed. Therefore, the request for an assistant surgeon is medically necessary.