MAXIMUS Federal Services

Case Number:	CM13-0016224		
Date Assigned:	11/06/2013	Date of Injury:	01/07/2005
Decision Date:	02/03/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation 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 physician 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 claimant is a 65-year-old female, who on July 18, 2007, was walking down a hallway when she noticed another co-worker walking at a fast pace coming from the opposite direction. The claimant states that she stopped and her co-worker continued walking pushing her with the left side of her body as she entered her booth, striking her on the left side of her body. She did not note an immediate onset of pain, but states that she reported the incident, because it was not the first time this had happened. She was initially evaluated by [redacted], noting pain in her neck, left shoulder and bilateral wrist/hand. During her treatment with [redacted], x-rays of her hands were obtained, and Xanax and creams were prescribed. The claimant was subsequently referred out for psychological treatment. She was referred to [redacted] and she was examined and individual therapy was initiated. She was last evaluated by them in February 2013. Due to ongoing left sided body pain, she states that she sought treatment with her private physician, because she had requested an injection from [redacted], but she was advised that they require authorization. Her physician prescribed Ibuprofen and home exercises. An injection was not given. She was also referred by [redacted] to a dentist to evaluate her temporomandibular joint (TMJ) syndrome. On June 27, 2013, she was evaluated for recurrent wrist and hand pain, worse in the right side, with pain radiating to her fingers. A diagnosis of right carpal tunnel syndrome was made. A request for authorization for right carpal tunnel release surgery was initiated. The claimant was referred for internal medicine consultation and surgical clearance that will include a chest x-ray, EKG, and laboratory testing including a complete blood count, and a comprehensive metabolic panel. In addition to surgery, authorization was requested for post-operative physical therapy of 12 visits, postoperative pain medication

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal medicine consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA 2007 Guidelines on Perioperative Cardiovascular Evaluation and Care for Noncardiac Surgery (http://circ.ahajournals.org/cgl/content/full/116/17/e418); The "Preoperative evaluation" from the National Guideline Clearinghouse (http://guideline.gov/summary/sum

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Clinic of North America Journal, titled, "The role of the Medical Consultant".

Decision rationale: According to an article published in the Medical Clinic of North America Journal, titled "The Role of the Medical Consultant", Internists as well as subspecialists are often asked to evaluate a patient prior to surgery. Many primary care physicians, however, feel inadequately trained to function as consultants for preoperative medical evaluations. Additionally, a recent survey of hospitalists found preoperative medical consultation to be an area of importance and one in which the hospitalists felt a need for additional training. Much of the literature on perioperative medicine and medical consultation has been scattered among different disciplines, and only recently has this information appeared in medical journals and textbooks typically read by internists. The role of the preoperative medical consultant is to identify and evaluate a patient's current medical status and provide a clinical risk profile, to decide whether further tests are indicated prior to surgery, and to optimize the patient's medical condition in an attempt to reduce the risk of complications. Knowledge of medical illnesses that influence surgical risk, an understanding of the surgical procedure, effective communication and interaction with the other members of the preoperative team, and integration of a management plan are crucial for the medical consultant. Therefore the request for pre-operative Internal Medicine Consultation is medically necessary.

Rental of Surgi-Stim unit for six (6) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation Page(s): 121.

Decision rationale:

Transportation to and from the hospital/surgical center: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Department of Health Care Services-California, www.dhcs.ca.gov/services/medi-cal.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation State of Rhode Island Department of Health and Human Services Medical Policy on Non Emergency Medical Transportation.

Decision rationale: The State of Rhode Island Department of Health and Human Services medical policy regarding Non-Emergency Medical Transportation indicates that Non-emergency medical transportation is covered when the recipient has no other means of transportation, no community resource exists and transportation by any other means would endanger the individual's health. Non-emergency medical transportation may require a written statement by the recommending physician. This statement must include the recipient's medical condition that prevents them from taking public transportation, and why non-emergency medical transportation is required. There is no documentation as to why non-emergency medical transportation is required for carpal tunnel syndrome surgery.