

<b>Case Number:</b>	CM13-0016232		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/13/2013
<b>Decision Date:</b>	05/19/2014	<b>UR Denial Date:</b>	08/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### 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 claimant is a 53-year-old gentleman who injured his right wrist on May 13, 2013. An MRI report included in the records documents a triangular fibrocartilage complex (TFCC) injury. The claimant is noted to have failed conservative care; arthroscopy with TFCC debridement versus repair and ganglion cyst excision is recommended. The records available for review do not document evidence of underlying co-morbidity. This request is for preoperative medical clearance and preoperative testing to include an EKG and laboratory testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**"Associated surgical service"-PRE-OP CLEARANCE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.guidelines.gov](http://www.guidelines.gov).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 127.

**Decision rationale:** ACOEM Guidelines do not support the need for preoperative medical assessment in this case. This is an otherwise healthy, 53-year-old gentleman undergoing surgical arthroscopy of the wrist. Absent documentation of underlying co-morbidity or significant perioperative risk, the request for a preoperative medical assessment would not be medically necessary.

**"associated surgical service"-PRE-OP LABS (EKG, CBC/BASIC METABOLIC PANEL):**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. According to Official Disability Guidelines criteria, preoperative testing to include an electrocardiogram would not be indicated in this case. The claimant is not documented as having an underlying history of cardiac disease, co-morbid diagnosis or medication use that would support the need for preoperative testing to include EKG. This request would not be supported as medically necessary.