

Case Number:	CM13-0034588		
Date Assigned:	12/11/2013	Date of Injury:	08/10/2011
Decision Date:	04/07/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/15/2013

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 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 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.

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 38 year old male injured in a work related accident on August 10, 2011. The clinical records for review included a September 16, 2013 assessment that identified the claimant with a diagnosis of carpal tunnel syndrome. Surgery for carpal tunnel release to be performed endoscopic versus open was recommended. There was a request for laboratory testing including a CBC with DIFF, a complete metabolic panel and urinalysis for preoperative assessment. Documentation indicated that the claimant's past medical history included hypertension, no documented drug allergies, and described as otherwise be in good health. Current use of medications was not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: low back procedure: Preoperative testing, general

Decision rationale: The CA MTUS ACOEM Guidelines are silent. When looking at the Official Disability Guidelines criteria a urinalysis for preoperative assessment in this case is not

indicated. The records indicate the claimant is to undergo a carpal tunnel release procedure. A careful review of past medical history and current medication use does not identify the need for a urinalysis prior to the surgical process in question. The specific request is not indicated.