MAXIMUS Federal Services

Case Number:	CM13-0043698		
Date Assigned:	12/27/2013	Date of Injury:	02/24/2010
Decision Date:	06/23/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/24/2013

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 Internal Medicine 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 injured worker is a 52-year-old female who reported an injury on February 24, 2010 due to an unknown mechanism. The report dated October 8, 2013 referenced the injured worker's most recent follow-up visit on September 30, 2013. The injured worker reported an increased use in Norco due to increased pain after surgery; the injured worker was post right carpal tunnel release. The physical exam of the injured worker revealed right wrist tenderness over the 1st extensor compartment, a positive Finkelstein's test, and crepitus. The injured worker was diagnosed with right wrist De Quervain's tenosynovitis, right carpometacarpal osteoarthritis, mild carpal tunnel syndrome, and cubital tunnel syndrome as per nerve conduction velocity study in February 2012. The request for authorization form for office consultation retroactive for July 9, 2013, the 6 special reports, chest x-ray, electrocardiogram, venous blood draw collection, and a urinalysis drug screen test was not included in the medical documents provided. The providers rational for the request was not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE OFFICE CONSULTATION PROVIDED ON 7/9/13: 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) Low Back, Preoperative testing, general.

Decision rationale: The Official Disability Guidelines recommend office visits as determined to be medically necessary. Preoperative testing 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. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Injured workers with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. An alternative to routine preoperative testing for the purpose of determining fitness for anesthesia and identifying injured workers at high risk of postoperative complications may be to conduct a history and physical examination, with selective testing based on the clinician's findings. The included medical documents lack evidence of physical exam findings and clinical history that would indicate the injured workers need for the preoperative laboratory monitoring. Per the provided documentation the injured worker did not undergo a surgery that would be deemed high risk or require preoperative testing. The request is not medically necessary.

THE SIX SPECIAL REPORTS PROVIDED ON 7/9/13: 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) Low Back, Preoperative testing, general.

Decision rationale: The Official Disability Guidelines recommend office visits as determined to be medically necessary. Preoperative testing 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. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Injured workers with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. An alternative to routine preoperative testing for the purpose of determining fitness for anesthesia and identifying injured workers at high risk of postoperative complications may be to conduct a history and physical examination, with selective testing based on the clinician's findings. The included medical documents lack evidence of physical exam findings and clinical history that would indicate the injured workers need for the preoperative laboratory monitoring. Per the provided documentation the injured worker did not undergo a surgery that would be deemed high risk or require preoperative testing. Furthermore, the reporting was directly related to the request for an office consultation and the requested preoperative monitoring which have been non-certified; therefore, the request for 6

special reports would not be indicated. Therefore, the requested 6 special reports are not medically necessary.

A CHEST X-RAY (2 VIEWS) PROVIDED ON 7/9/13: 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) Low Back, preoperative testing, general

Decision rationale: The Official Disability Guidelines state preoperative chest x-rays are not recommended except in the presence of certain conditions. Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. Preoperative chest x-rays are indicated with suspected acute cardiopulmonary disease and in cases where a history of stable chronic cardiopulmonary disease in a patient over the age of 65 without a chest radiograph within the past 6 months. A history that includes the key features of serious causes will detect all patients requiring imaging. The provider's rational for the requested chest x-ray was not provided within the documentation. The clinical information provided failed to indicate the patient was at risk for postoperative pulmonary complications or was suspected of having acute cardiopulmonary disease. The included medical documents lack evidence of physical exam findings and clinical history that would indicate the injured workers need for the chest x-ray. Per the provided documentation the injured worker did not undergo a surgery that would be deemed high risk or require preoperative testing. The request is not medically necessary.

AN ELECTROCARDIOGRAM PERFORMED ON 7/9/13: 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) Low Back, preoperative electrocardiogram

Decision rationale: The Official Disability Guidelines recommend an electrocardiogram (ECG) for injured worker's undergoing a high-risk surgery and those undergoing intermediate-risk surgeries that have additional risk factors. Injured worker's undergoing low-risk surgery does not require electrocardiography. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Preoperative ECGs in patients without known risk factors for coronary disease, regardless of age, may not be necessary. The included medical documents lack evidence of signs or symptoms of active cardiovascular disease. The included medical documents lack evidence of physical exam findings and clinical history that would indicate the injured workers need for the preoperative laboratory monitoring. Per the provided documentation the injured worker did not undergo a

surgery that would be deemed high risk or require preoperative testing. The request is not medically necessary.

VENOUS BLOOD COLLECTION PERFORMED ON 7/9/13: 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) Low Back, Preoperative lab testing.

Decision rationale: The Official Disability Guidelines state preoperative additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in perioperative management. Laboratory tests, besides generating high and unnecessary costs, are not good standardized screening instruments for diseases. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Preoperative routine tests are appropriate if patients with abnormal tests will have a preoperative modified approach. The included medical documents lack evidence of physical exam findings and clinical history that would indicate the injured workers need for the preoperative laboratory monitoring. Per the provided documentation the injured worker did not undergo a surgery that would be deemed high risk or require preoperative testing. The request is not medically necessary.

A URINALYSIS DRUG TESTING PROVIDED ON 7/9/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Urine Drug Test Page(s): 43.

Decision rationale: The California MTUS Guideline recommends a urine drug test as an option to assess for the use or the presence of illegal drugs. It may also be used in conjunction with a therapeutic trial of opioids, for ongoing management and as a screening for risk of misuse and addiction. The documentation provided did not indicate the injured worker displayed any aberrant behaviors, drug-seeking behaviors, or whether the injured worker was suspected of illegal drug use. It did not appear the injured worker is at risk for medication misuse. It was not indicated when the last urine drug screen was performed. Additionally, the provider's rationale for the request was not provided within the medical records. The request is not medically necessary.