

Case Number:	CM13-0048075		
Date Assigned:	12/27/2013	Date of Injury:	07/09/2001
Decision Date:	05/06/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/04/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a 56 year old female patient with a date of injury of July 9, 2001. A progress report dated October 2, 2013, includes subjective complaints identifying no changes. Physical examination identifies no changes in the musculoskeletal examination. Diagnoses include brachial plexus lesion, pain in the forearm, lumbosacral enter vertebral disc degeneration, cervicalgia, lateral epicondylitis, and trigger finger. Treatment recommendations include continuing medication. A progress report dated June 12, 2013, requested a left scalene block due to symptoms of neurovascular compression arising from the level of the plexus/thoracic outlet.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICAL CLEARANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, pages 92-93.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation : Official Disability Guidelines (ODG), Neck Chapter, Preoperative lab testing, Preoperative electrocardiogram (ECG).

Decision rationale: Regarding the request for medical clearance, the guidelines do not contain criteria for general medical clearance. The guidelines do contain criteria for preoperative EKG and lab testing. The California MTUS and ACOEM guidelines are silent regarding these issues. The Official Disability Guidelines recommend electrocardiogram prior to surgery for patients undergoing high-risk surgery or patients undergoing intermediate risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. Preoperative lab testing is recommended for patients undergoing invasive urologic procedures, patients with underlying chronic disease or taking medications which predispose them to electrolyte abnormalities or renal failure, glucose testing for patients with diabetes, complete blood count for patients with diseases which increased anemia risk or in whom a significant perioperative blood loss is anticipated, and coagulation studies for patients with a history of bleeding or medical condition which puts them at risk of bleeding condition. Within the documentation available for review, none of these things have been documented. In the absence of such documentation, the currently requested medical clearance is not medically necessary or appropriate