

Case Number:	CM13-0051696		
Date Assigned:	12/27/2013	Date of Injury:	08/16/2012
Decision Date:	08/07/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	11/15/2013

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:

This is a 35-year-old female injured in a work-related accident on 8/16/12. The records provided for review document an injury to the left wrist and that the claimant has been approved to undergo left wrist arthroscopy with debridement of the TFCC and an ulnar shortening osteotomy. This review is for the perioperative requests of post-operative use of pneumatic anti-embolic stockings, preoperative medical clearance, laboratory testing, chest x-ray, and EKG. The clinical records did not identify any medical information relevant to these post-surgical requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

PNEUMATIC ANTI-EMBOLIC STOCKING: 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) Treatment in Worker's Comp, 1.

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

Decision rationale: The California MTUS and ACOEM Guidelines do not address this request. When looking at Official Disability Guidelines, the request for pneumatic embolytic stockings would not be supported. While the claimant is noted to be undergoing a left wrist surgery, there

is no documentation of a history of venothrombolytic event or significant risk factor for lower extremity venothrombolytic event following surgery. This individual's post-operative care would include a weight bearing recovery. The specific request in this otherwise healthy individual would not be supported.

PRE-OP MEDICAL CLEARANCE/LABS/EKG/CHEST X-RAY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: The California ACOEM Guidelines would not support the role of preoperative testing to include medical clearance, EKG, and chest x-ray. While surgery is to be undertaken, there is no indication of an underlying comorbidity or medical history in this otherwise healthy 30-year-old individual to require medical clearance for heart and lung assessment. The request in this case would not be supported as medically necessary.