

<b>Case Number:</b>	CM13-0062604		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	01/24/2013
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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, has a subspecialty in Pulmonary Diseases 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 54-year-old female who reported an injury on 01/24/2013. The mechanism of injury was not specifically stated. The current diagnoses include tenosynovitis in the right wrist. A request for authorization for a decompression of the right wrist 4th dorsal compartment was submitted on 11/08/2013, along with preoperative clearance. The injured worker was evaluated on 02/21/2014 with complaints of increased pain in the right wrist. Physical examination revealed guarding and tenderness to palpation. Treatment recommendations included authorization for a right wrist decompression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PRE-OPERATIVE CBC: 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 Chapter, Preoperative Testing, General.

**Decision rationale:** The Official Disability Guidelines state the decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination

findings. There is no documentation of a significant medical history or any comorbidities that would warrant the need for preoperative medical clearance. There was also no indication that this injured worker's surgical procedure has been authorized. As such, the request is not medically necessary.

**PRE-OPERATIVE URINALYSIS (UA): 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 Chapter, Preoperative Testing, General.

**Decision rationale:** The Official Disability Guidelines state the decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. There is no documentation of a significant medical history or any comorbidities that would warrant the need for preoperative medical clearance. There was also no indication that this injured worker's surgical procedure has been authorized. As such, the request is not medically necessary.

**PRE-OPERATIVE ELECTROCARDIOGRAM (EKG): 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 Chapter, Preoperative Testing, General.

**Decision rationale:** The Official Disability Guidelines state the decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. There is no documentation of a significant medical history or any comorbidities that would warrant the need for preoperative medical clearance. There was also no indication that this injured worker's surgical procedure has been authorized. As such, the request is not medically necessary.

**PRE-OPERATIVE SMA20: 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 Chapter, Preoperative Testing, General.

**Decision rationale:** The Official Disability Guidelines state the decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. There is no documentation of a significant medical history or any comorbidities that would warrant the need for preoperative medical clearance. There was also no indication that this injured worker's surgical procedure has been authorized. As such, the request is not medically necessary.