

Case Number:	CM13-0068448		
Date Assigned:	01/03/2014	Date of Injury:	10/31/2011
Decision Date:	05/02/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/19/2013

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 56-year-old claimant has a date of injury of 10/31/11. She has been treated for carpal tunnel syndrome, trigger finger, and de Quervain's tenosynovitis. At the 11/11/13 office visit with ■■■■■, right middle finger trigger release was requested. At the 11/21/13 office visit, a preoperative internal medicine clearance for this surgery was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

PREOPERATIVE INTERNAL MEDICINE CLEARANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: Internal medicine consultation for medical clearance would not be considered medically appropriate. The ACOEM guidelines support consultation to aide in the diagnosis, prognosis, therapeutic management, determine medical stability, etc. In this case, the records indicate that this claimant underwent right carpal tunnel release surgery in September 2013. Medical clearance is typically valid for a six month timeframe. As this claimant underwent

recent preoperative medical clearance for a different recent surgery, repeat medical clearance within a six month timeframe cannot be certified in this case. As such, the request is noncertified.