MAXIMUS Federal Services

Case Number:	CM14-0001760		
Date Assigned:	01/22/2014	Date of Injury:	06/28/2012
Decision Date:	06/11/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/06/2014

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 Occupational Medicine, has a subspecialty in Emergency 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 claimant was injured on 06/28/12. He injured his right hand and had an open compound fracture and has had fixation. He saw [redacted] on 12/04/13 and still had difficulty with range of motion. He was wondering whether anything could be done including hardware removal. He appeared healthy and is 43 years old. Hardware removal and tenolysis were recommended followed by aggressive physical therapy to avoid recurrent contracture. Preop laboratory studies have been ordered. He had a healed metacarpal fracture. Comprehensive metabolic panel has been denied (modified) and is under review. On 03/07/13, he had an orthopedic consultation and his past medical history was negative. He saw [redacted]. A note by [redacted] dated 05/27/13 indicates he had a thyroid condition and takes Synthroid. There are some handwritten notes that are illegible. He remained on thyroid medication on 09/09/13. [redacted] appealed a modification of her request and stated that her surgery center requires a preoperative metabolic panel regardless of previous tolerance to anesthesia.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRE-OPERATIVE LAB TEST COMPREHENSIVE METABOLIC PANEL X 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CLINICAL SYSTEMS IMPROVEMENT, 8TH EDITION, JULY 2008, HEALTHCARE GUIDELINE: PREOPERATIVE EVALUATION.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE, INSTITUTE FOR CLINICAL SYSTEMS IMPROVEMENT, PERIOPERATIVE GUIDELINE.

Decision rationale: The history and documentation do not objectively support the request for Preoperative Comprehensive Metabolic Panel. The claimant has a history of thyroid disease for which he has been taking Synthroid. No other medical conditions have been identified. The history indicates he underwent surgery with anesthesia for his original injury without problems. The Institute for Clinical Systems Improvement Perioperative Protocol states "most laboratory and diagnostic tests including electrocardiograms are not necessary with routine procedures unless a specific indication is present." There has been no identification of a specific condition that is being monitored. The specific indication for this type of laboratory evaluation has not been described and none can be ascertained from the submitted records. The medical necessity of this request has not been clearly demonstrated.