

Case Number:	CM14-0007966		
Date Assigned:	02/07/2014	Date of Injury:	04/30/2009
Decision Date:	07/21/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/17/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 patient is a 52 year old female who was injured on 04/30/2009. The mechanism of injury is unknown. Prior treatment history has included carpal tunnel release of both hands with a good outcome performed in 2005. On re-evaluation note dated 05/22/2013 stated the patient is complaining of constant burning, stabbing in the cervical area that radiates to the left upper extremity to the hands. Her pain does not increase with Valsalva maneuver. She began to have some urine leakage in the past couple of weeks. She is taking Verapamil, Diovan, Prevacid, Zantac, Aspirin, potassium, Triamterene, hydrochlorothiazide, and Metanx. Objective findings on exam revealed there is a well-healed anterior cervical discectomy scar present. She also complains of tenderness diffusely in the paracervical area. There are no spasms. Her range of motion of the cervical spine is restricted in flexion and extension, and lateral tilting bilaterally. There are positive Tinel's sign at bilateral median nerves at wrists and Phalen's maneuver reproduced numbness in both hands. Diagnoses are status post C5-C6, and C6-C7; ASDF, complaints of paresthesia at all 4 limbs; and status post bilateral carpal tunnel release. Prior UR 01/09/2014 states the request for additional pre-operative testing is non-certified as there is an absence of clarity and medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PRE-OPERATIVE TESTING PER INTERNAL MEDICINE SPECIALIST: 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 (ODG) Official Disability Guidelines, Low Back, Preoperative Testing.

Decision rationale: The CA MTUS guidelines have not addressed the issue of dispute. According to the ODG guidelines, preoperative testing is recommended before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The medical records document the patient is approved for surgical intervention which includes release of trigger digit left thumb. The patient was approved for preoperative internal medicine clearance, preoperative EKG and chemical panel. In the absence of documented medical indication that warrant the need to further pre operative testing by internal medicine specialist, the request is not medically necessary according to the guide lines.