

<b>Case Number:</b>	CM14-0100485		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	09/25/2009
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 Orthopedic Surgery 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 injured worker is a 46-year-old male who reported an injury on 09/25/2009. The mechanism of injury was not stated. The current diagnoses include sprain of the interphalangeal joint, carpal tunnel syndrome, and radial styloid tenosynovitis. The injured worker was evaluated on 05/21/2014 with complaints of ulnar sided left thumb pain with numbness and tingling in the left hand. Physical examination revealed a slightly enlarged interphalangeal joint, slight tenderness at the ulnar side of the interphalangeal joint, slight laxity at the ulnar collateral ligament, and intact sensation. It was noted that diagnostic ultrasound findings were compatible with thickening of the interphalangeal joint at the ulnar collateral ligament and bone density at the ulnar side of the distal part of the proximal phalanx. Treatment recommendations included outpatient reconstruction of the left thumb interphalangeal joint ligaments. A request for authorization was then submitted on 05/23/2014 for internal medicine clearance and outpatient surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Internal medical clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA 2007 Guidelines on Perioperative Cardiovascular Evaluation and Care for Noncardiac Surgery: (<http://circ.ahajournal.org/egi/content/full/116/17/e418>).

**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:** Official Disability Guidelines state preoperative testing 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 an internal medicine clearance. There is also no indication that this injured worker's surgical procedure has been authorized. Based on the clinical information received, the request is not medically necessary.