

<b>Case Number:</b>	CM14-0108547		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	02/15/2011
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 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 is a 25-year-old female who sustained a vocational injury on 02/15/11. The records provided for review document that the claimant underwent left wrist first extensor compartment due to de Quervain's Syndrome. The Utilization Review Determination dated 06/24/14 approved a de Quervain's release of the right wrist along with postop physical therapy. This review is for [REDACTED] clearance including an H&P, CBC, CMP, PT/PTT, and urine analysis prior to surgical intervention.

### IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] **clearance (H&P, CBC, CMP, PT/PTT, UA) prior to surgery.:** 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.ahajournals.org/cgi/content/full/116/17/e418>).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004)Chapter 7, page 127IntroductionThe occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from

additional expertise. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. When a physician is responsible for performing an isolated assessment of an examinee's health or disability for an employer, business, or insurer, a limited examinee-physician relationship should be considered to exist. A referral may be for: -Consultation: To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. -Independent Medical Examination (IME): To provide medicolegal documentation of fact, analysis, and well-reasoned opinion, sometimes including analysis of causality. An IME differs from consultation in that there is no doctor-patient relationship established and medical care is not provided. It may be a means of medical clarification or adjudication in which the physician draws conclusions regarding diagnosis, clinical status, causation, work-relatedness, testing and treatment efficacy and requirements, physical capacities, impairment, and prognosis based on available information. The evaluations must be independent, impartial, and without bias. The client often may be the employer, insurer, state authority, or attorney. Citation(s): Harris J, Occupational Medicine Practice Guidelines, 2nd Edition (2004) - pp. 127 Hegmann K, Occupational Medicine Practice Guidelines, 2nd Ed (2008 Revision) - pp. 503.

**Decision rationale:** Based on the California ACOEM Guidelines, the request for clearance (H&P, CBC, CMP, PT/PTT, UA) prior to surgery cannot be recommended as medically necessary. There is no documentation in the records provided for review suggesting the claimant has any ongoing medical issues or any medical co-morbidities which would necessitate medical clearance including H&P, CBC, CMP, PT/PTT, and urine analysis prior to surgical intervention. Therefore, based on the documentation presented for review and in accordance with California ACOEM Guidelines the request cannot be considered medically necessary.