

Case Number:	CM14-0119880		
Date Assigned:	09/16/2014	Date of Injury:	07/08/2013
Decision Date:	10/24/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	07/30/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 records presented for review indicate that this 25 year-old male was reportedly injured on 07/08/13. The injured worker injured and crushed the middle and ring fingers of the hand in a work related accident. The primary physician's preoperative report dated 08/21/14 reports that injured worker completed a pain diagram indicating pain and numbness in the middle and ring fingers of the right hand. The pain level was rated as 1/10 and 7/10 with activity on the visual analogue scale. An outpatient fusion of distal joints of the right middle and ring finger was requested and approved through utilization review on 07/23/14. The physical examination demonstrated completely extended distal joints of the middle and ring fingers of the right hand. Grip strength is 70 degrees on the right and 110 degrees on the left. The diagnosis is noted at Ankylosis of the distal interphalangeal joint in extension and lacking sensation. A request had been made for pre-op chest x-ray pre-op with internist and pre-op EKG.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRE-OP CHEST X-RAY: 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 Official Disability Guidelines (ODG) Integrated Treatment/Disability Duration Guidelines, Preoperative testing, general

Decision rationale: Per ODG, Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, and urinalysis) is often performed before surgical procedures, to help stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high-risk surgery and that undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. The records indicate that the injured worker denies any significant medical diseases such as diabetes, tuberculosis, hepatitis, cancer, heart disease or known arthritis. He does not suffer from any blood clot or bleeding problems, also denies tobacco and alcohol use, a recent cough or phlegm; shortness of breath, palpitations or swelling of the ankles. Based on the clinical information provided, the request for Pre-op Chest X-Ray for this 25 year old patient is not recommended as medically necessary.

PRE=OP WITH INTERNIST: 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 Official Disability Guidelines (ODG) Integrated Treatment/Disability Duration Guidelines, Preoperative testing, general

Decision rationale: Per ODG, preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, and urinalysis) is often performed before surgical procedures, to help stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high-risk surgery and that undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. The records indicate that the injured worker denies any significant medical diseases such as diabetes, tuberculosis, hepatitis, cancer, heart disease or known arthritis. He does not suffer from any blood clot or bleeding problems also denies tobacco and alcohol use, a recent cough or phlegm; shortness of breath, palpitations or swelling of the ankles. Based on the clinical information

provided, the request for PRE-OP with internist for this 25 year old patient is not recommended as medically necessary.

PRE-OP EKG: 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 Official Disability Guidelines (ODG) Integrated Treatment/Disability Duration Guidelines, Preoperative electrocardiogram (ECG)

Decision rationale: Per ODG, Preoperative Electrocardiogram is recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgeries who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. Preoperative EKGs in patients without known risk factors for coronary disease, regardless of age, may not be necessary. The records indicate that the injured worker denies any significant medical diseases such as diabetes, tuberculosis, hepatitis, cancer, heart disease or known arthritis. He does not suffer from any blood clot or bleeding problems, denies tobacco and alcohol use. He denies a recent cough or phlegm; denies shortness of breath, palpitations or swelling of the ankles. Based on the clinical information provided, the request for Pre-op EKG for this 25 year old patient is not recommended as medically necessary.