

Case Number:	CM14-0136379		
Date Assigned:	09/03/2014	Date of Injury:	06/13/2013
Decision Date:	09/24/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/22/2014

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 40-year-old female installing cable technician sustained an industrial injury on 6/13/13 relative to a fall. Past medical history was positive for hypercholesterolemia. Records confirm a body mass index of 26.3 (overweight). The 6/18/14 treating physician report indicated the patient had persistent left elbow and forearm pain with numbness that was moderate at rest, but severe with activity. Physical exam documented local tenderness at the proximal attachment of the extensor retinaculum of the left elbow. There was loss of grip strength. The patient had failed comprehensive conservative treatment over the last year with little relief of pain and no functional change. The treatment plan recommended surgical release of the extensor tendon with post-operative rehabilitation. The 7/24/14 utilization review certified the request for left elbow arthroscopy with extensor tendon release, 12 physical therapy visits and an anesthesiology consult. The request for a pre-op clearance with an internist was denied as there was no evidence of comorbidities or physical exam findings to support the medical necessity of this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Preoperative Clearance with an Internist: Overturned

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 Other Medical Treatment Guideline or Medical Evidence: Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38.

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Guideline criteria have been met for pre-operative evaluation with an internist. Middle-aged overweight females have known occult increased medical/cardiac risk factors. Therefore, this request is medically necessary.