

Case Number:	CM14-0138107		
Date Assigned:	09/05/2014	Date of Injury:	03/25/2013
Decision Date:	09/25/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/25/2014

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 54-year-old male sustained an industrial injury on 3/25/13 relative to repetitive work activities. The 7/30/13 nerve conduction studies revealed moderate to severe median nerve dysfunction at the level of the bilateral carpal tunnel with mild slowing of the ulnar nerve across the left cubital tunnel and mild ulnar nerve entrapment at the left wrist. Blood work documented findings of hypothyroidism. Records indicated blood pressure of 146/95 with a calculated body mass index of 29.8 on 7/17/14. The 8/14/14 treating physician report cited complaints consistent with bilateral carpal tunnel syndrome. Objective findings documented positive bilateral Phalen's sign, equivocal Tinel's sign, and positive carpal compression sign with decreased sensation volar digits except the right thumb. There was a small mass present in the left index finger proximal phalanx region. The treatment plan recommended left carpal tunnel release with flexor tenosynovectomy and excision of mass left index finger. Pre-op medical clearance and lab studies were also requested. Records indicated that the request for left carpal tunnel release was approved. The 8/20/14 utilization review certified the request for pre-op testing including complete blood count, basic metabolic panel, chest x-ray, and EKG based on underlying issues associated with hypothyroidism and other medical comorbidities. The request for pre-operative medical clearance was denied as there was no evidence of significant medical comorbidities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative medical clearance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Orthopedic Surgeons, Orthopedic Knowledge Update (OKU 9), Chapter 9, Perioperative Medical Management, page 105-113.

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. Middle-aged males who are overweight and hypertensive have known occult increased medical/cardiac risk factors. Given these clinical indications, this request is medically necessary.