MAXIMUS Federal Services

Case Number:	CM14-0150782		
Date Assigned:	09/19/2014	Date of Injury:	06/06/2012
Decision Date:	10/17/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/16/2014

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 Occupational Medicine 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 patient is a 59-year-old female who has submitted a claim for bilateral carpal tunnel syndrome associated with an industrial injury date of June 6, 2012.Medical records from 2014 were reviewed, which showed that the patient complained of wrist pain and tenderness. No physical examination of the wrists is available on the records provided. Electrodiagnostic studies done on 4/19/12 revealed bilateral carpal tunnel syndrome with severe motor and sensory involvement. MRI of the left wrist dated 9/25/12 documented no abnormalities noted.Treatment to date has included medications and therapy. A carpal tunnel release of the left wrist was planned and certified by utilization review.Utilization review from September 15, 2014 denied the request for Pre-operative chest x-ray, Pre-operative labs, and Post-surgery medication of Ondansetron 2mg #30. The requests for pre-operative chest x-ray and labs were denied because the surgical procedure to be undertaken is a simple outpatient procedure that does not require extensive work-up. The request for ondansentron was modified to #15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative 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 (ODG), Low Back, Preoperative Testing General

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chest x-ray

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that Chest X-Rays are recommended if acute cardiopulmonary findings by history/physical, or chronic cardiopulmonary disease in the elderly (> 65). Routine chest radiographs are not recommended in asymptomatic patients with unremarkable history and physical. A chest x-ray is typically the first imaging test used to help diagnose symptoms such as: shortness of breath. a bad or persistent cough, chest pain or injury and fever. (McLoud, 2006) In this case, the patient has no documented findings consistent with a cardiopulmonary disease. There was no reported shortness of breath, a bad or persistent cough, chest pain or injury and fever. Therefore, the request for pre-operative chest x-ray is not medically necessary.

Pre-operative labs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Preoperative Lab Testing

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal tunnel syndrome chapter; Low back chapter, preoperative lab testing

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. According to the ODG, At present, there is insufficient evidence for routine laboratory screening for concurrent conditions in all newly diagnosed CTS patients. In addition to this, another chapter in the ODG (low back), stated that criteria for preoperative lab testing include: (1) preoperative urinalysis is recommended for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material; (2) electrolyte and creatinine testing should be performed in patients with chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure; (3) random glucose testing should be performed in patients at high risk of undiagnosed diabetes mellitus; (4) a complete blood count is indicated for patients with diseases that increase the risk of anemia or in whom significant perioperative blood loss is anticipated; and (5) coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding. In this case, the patient was not to undergo urologic procedures. She does not have evidence of chronic disease or use of medications that predispose to electrolyte abnormalities or renal failure, high risk for undiagnosed diabetes mellitus, anemia or history of bleeding. Moreover, the request did not state the specific labs being requested. Therefore, the request for pre-operative labs is not medically necessary.

Post-surgery medication of Ondansetron 2mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Antiemetics (for opioid nausea)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Antiemetics

Decision rationale: CA MTUS does not address Ondansetron specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (Pain, Antiemetics) was used instead. ODG states that Ondansetron is indicated for prevention of nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. In this case, the patient was approved for carpal tunnel release. However, it is premature to certify ondansetron because surgery has not been performed. Possible occurrence of nausea and vomiting post-operatively cannot be predicted at this time. Therefore, the request for Post-surgery medication of Ondansetron 2mg #30: is not medically necessary.