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| <b>Case Number:</b>   | CM14-0155488 |                              |            |
| <b>Date Assigned:</b> | 09/25/2014   | <b>Date of Injury:</b>       | 03/03/2014 |
| <b>Decision Date:</b> | 10/27/2014   | <b>UR Denial Date:</b>       | 09/18/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/23/2014 |

### 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 Internal Medicine and is licensed to practice in New York. 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 36 year old female with a date of injury on 03/03/2014. She had right wrist and elbow pain from repetitive keyboard/mouse use. Her diagnosis was carpal tunnel syndrome, lateral epicondylitis and ulnar nerve lesion. She was placed on modified duty and by 03/25/2014 she improved. She also had physical therapy. On 04/08/2014 she had an EMG/NCS that was consistent with mild right ulnar nerve carpal tunnel syndrome. There was no evidence of cervical radiculopathy. Her father has a history of CVA, diabetes and hypertension. She does not smoke cigarettes. On 04/29/2014 her blood pressure was 131/85. On 05/22/2014 she denied hypertension, palpitations, chest pain, shortness of breath, cough, blurred vision, pneumonia, abdominal pain, change in bowel habits, blood in the stool, dysauria, depression, seizures, polyuria, bleeding gums or abnormal bleeding. The blood pressure was 125/89. Pulse was 92/min. On 06/20/2014 the blood pressure was 120/77. She had continued physical therapy. Right carpal tunnel release and right cubital tunnel release surgery have been certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-Op Medical clearance by an 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 (ODG) Treatment Index, 12th Edition (web) 2014, low back section - criteria for Preoperative testing, general

**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: Harrison's Principles of Internal Medicine, 18th Edition, 2011.

**Decision rationale:** There are no MTUS or ODG guidelines for pre-operative clearance by an internist for carpal tunnel or cubital tunnel release surgery. These procedures are outpatient procedures and are usually done with local anesthesia. Except for her complaints related to her right elbow and wrist, her review of systems are completely negative. Blood pressure is normal. There is no history of any chronic medical condition. She takes no medication for any internal medicine condition. All treatment has been directed toward her orthopedic injury. She is 36 years old without a significant medical history with a negative review of system. There is insufficient documentation to substantiate the medical necessity of an internal medicine routine preoperative clearance in this patient for this type of outpatient surgery. Therefore the request is not medically necessary.