

<b>Case Number:</b>	CM14-0164094		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	06/01/2010
<b>Decision Date:</b>	11/28/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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 37-year old female patient had a date of injury on 6/1/2010. The mechanism of injury was repetitive work with hands, developing gradual onset of pain, numbness and swelling of hands and fingers. In a progress noted dated 9/8/2014, the patient feels ongoing pain in her wrist and hands. The left wrist pain is constant, in terms of frequency. She describes numbness and tingling to the left hand and fingers. On a physical exam dated 9/8/2014, there is decreased sensation to light touch over ulnar aspect of the left forearm, ulnar aspect of the left palm and left ring and small fingers. A positive Phalen's and Tinel's tests were reported. The patient is currently not working. The diagnostic impression shows bilateral carpal tunnel syndrome, right wrist status post carpal tunnel release, left wrist status post carpal tunnel release, and slight to moderate degree of left median sensory neuropathy at the wrist line. Treatment to date: medication therapy, behavioral modification, surgery, physical therapy. A UR decision dated 9/11/2014 denied the request for pre-op medical clearance. The reason for the denial was not found in the documentation provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-op medical clearance:** Upheld

**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: American Society of Anesthesiologists Practice Advisory for Preanesthesia Evaluation

**Decision rationale:** CA MTUS and ODG do not address this issue. The American Society of Anesthesiologists states that routine preoperative tests (i.e., tests intended to discover a disease or disorder in an asymptomatic patient) do not make an important contribution to the process of perioperative assessment and management of the patient by the anesthesiologist; selective preoperative tests (i.e., tests ordered after consideration of specific information obtained from sources such as medical records, patient interview, physical examination, and the type or invasiveness of the planned procedure and anesthesia) may assist the anesthesiologist in making decisions about the process of perioperative assessment and management. However, in the progress note dated 9/8/2014, the previously requested left wrist open carpal tunnel surgery release surgery was denied, and there was no discussion regarding future procedures that would warrant pre-op testing. Therefore, the request for pre-op clearance was not medically necessary.