

Case Number:	CM14-0173839		
Date Assigned:	10/27/2014	Date of Injury:	06/30/2002
Decision Date:	12/31/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/21/2014

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:

The patient is a 50-year-old female who has submitted a claim for cervical sprain / strain, right shoulder impingement syndrome, right carpal tunnel syndrome, and history of congestive heart failure associated with an industrial injury date of 6/30/2002. Medical records from 2014 were reviewed. The patient complained of right hand pain associated with paresthesia and soreness. She likewise experienced easy fatigability of the right shoulder. She complained of gastrointestinal upset from oral medication intake. Examination showed positive Tinel and Phalen signs at the right wrist. Sensation was diminished at the left hand. Treatment to date has included physical therapy, Norco, Ultram and Protonix. Current treatment plan is right wrist carpal tunnel release and right ulnar nerve transposition at the elbow. The utilization review from 9/17/2014 denied the request for cardiology clearance prior to right wrist surgery because of no indication that the patient was suffering from any form of heart condition; denied unknown cardiac testing because there was no pre-existing heart condition; and denied unknown prescription of Protonix because of no evidence of gastrointestinal risk factors.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 cardiology clearance prior to right wrist surgery: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) <Chapter 7, Independent Medical Examinations and Consultations, page(s) <127>

Decision rationale: As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, the patient is to undergo right wrist carpal tunnel release and right ulnar nerve transposition at the elbow. She is a 50-year-old female with a history of congestive heart failure. The medical necessity of pre-operative clearance has been established. Therefore, the request for cardiology clearance prior to right wrist surgery is medically necessary.

Unknown cardiac testing: 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 Official Disability Guidelines (ODG), Low Back chapter, Preoperative testing, General; and Preoperative electrocardiogram (ECG)

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. ODG states that pre-operative testing can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. In this case, the patient is to undergo right wrist carpal tunnel release and right ulnar nerve transposition at the elbow. She is a 50-year-old female with a history of congestive heart failure. The medical necessity of pre-operative cardiac testing has been established. However, the present request as submitted failed to specify the cardiac tests / procedures. The request is incomplete; therefore, the request for unknown cardiac testing is not medically necessary.

Unknown prescription of protonix: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, and Cardiovascular Risk Page(s): 68.

Decision rationale: As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and

cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, the patient's current medications include Norco and Ultram. She is a 50-year-old female with complaint of gastrointestinal upset from oral medication intake. The medical necessity of PPI prescription has been established. However, the request as submitted failed to specify dosage, frequency of intake, and quantity to be dispensed. The request is incomplete; therefore, the request for unknown prescription of Protonix is not medically necessary.