

Case Number:	CM14-0174268		
Date Assigned:	10/28/2014	Date of Injury:	12/08/2000
Decision Date:	12/04/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/22/2014

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 53-year-old male construction assistant superintendent/supervisor sustained an industrial injury on 12/8/2000. Injury occurred while assisting a trapped co-worker whose leg was crushed by a concrete form. The patient sustained injuries to the back, neck, and both arms. Past medical history was positive for hypercholesterolemia, smoking, and gastroesophageal reflux disease. Past surgical history was positive for C4-6 cervical fusion on 8/7/03, hardware removal on 12/2/04, anterior cervical discectomy and fusion C6/7 on 6/23/11, bilateral radiofrequency ablation L5/S1, right shoulder surgery in March 2010, and thoracic spinal cord stimulator trial on 8/18/14. The 6/13/14 bilateral upper extremity EMG/NCV revealed evidence of mild right carpal tunnel syndrome. The 9/17/14 treating physician report cited increased right hand pain/numbness. The patient often woke at night with right hand numbness and tingling. He was dropping objects. Medications included MSContin, Norco, Celebrex, and Nexium. Right hand/wrist physical exam documented positive Phalen's and Tinel's tests, loss of 2-point discrimination in the first through third digits, 4+/5 intrinsic hand muscle weakness, and thenar atrophy. The treating physician reported the patient had failed conservative treatment including bracing, anti-inflammatory medications, and exercise. A right carpal tunnel release was requested with pre-operative testing and clearance by an internist. The 10/2/14 utilization review approved a request for right carpal tunnel decompression. The requests for pre-operative chest x-ray, electrocardiogram, lab work, and medial clearance with an internist were denied as there was no documentation of comorbidities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chest X-Ray and Electrocardiogram: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

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; ACR Appropriateness Criteria® routine admission and preoperative chest radiography. Reston (VA): American College of Radiology (ACR); 2011. 6 p.

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines state that routine pre-operative chest radiographs are not recommended except when acute cardiopulmonary disease is suspected on the basis of history and physical examination. EKG may be indicated for patients with known cardiovascular risk factors or for patients with risk factors identified in the course of a pre-anesthesia evaluation. Guideline criteria have been met. Guideline criteria have been met. Middle aged men with a smoking history have known occult increased risk factors for cardiopulmonary and cardiovascular disease. Therefore, this request is medically necessary.

Pre-Operative Laboratory Work (Complete Blood Count with Differential, Comprehensive Metabolic Panel, Prothrombin Time/ Partial Thromboplastin Time, International Normalised Ration, Hemoglobin Alc and Urinalysis): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

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 most laboratory tests are not necessary for routine procedures unless a specific indication is present. Indications for such testing should be documented and based on medical records, patient interview, physical examination, and type and invasiveness of the planned procedure. Guideline criteria have been met. Guideline criteria have been met. Middle aged men with a smoking history have known occult increased medical/cardiac risk factors. Therefore, this request is medically necessary.

Pre-Operative Medical Clearance with an Internist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

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 pre-operative medical clearance. 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 men with a smoking history have known occult increased medical/cardiac risk factors. Therefore, this request is medically necessary.