

Case Number:	CM14-0174515		
Date Assigned:	10/27/2014	Date of Injury:	04/03/2014
Decision Date:	12/26/2014	UR Denial Date:	10/09/2014
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 Minnesota. 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 42 year old male sustained an industrial related injury on 04/02/2014 when he was moving some equipment and felt a pop in his right elbow. The results of the injury included proximal retraction of the right biceps and positive hook test. The injured worker was previously diagnosed with a right distal biceps tear. The injured worker denied any past medical or surgical history, and no prior industrial injury. On 04/14/2014, the injured worker underwent a successful right distal biceps tendon repair without noted complications followed by physical therapy. A PR2, dated 07/02/2014, states that the injured worker needs a static progressive splint for pronosupination that may be caused by a developing heterotopic ossification. Diagnostic testing has included x-rays of the right elbow which revealed the development of a heterotopic ossification along the dorsal and ulnar aspect at the insertion site of the biceps tendon repair. The current diagnosis includes heterotopic ossification. The injured worker was noted to have worsening supination/pronation of the right elbow. The treatment plan and requested services included a right excision of heterotopic ossification, post-operative physical therapy, a onetime dose 700cGY Radiation within one week post-op, post-op oncology visit/radiation oncology evaluation, pre-operative medical clearance, and a pre-operative history and physical (H&P). Functional deficits were unchanged, and work functions were unchanged as the injured worker remained on modified work duty. Dependency on medical care was unchanged. On 10/09/2014, Utilization Review (UR) non-certified a prescription for a preoperative history and physical (H&P) which was requested on 10/02/2014. The preoperative H&P was non-certified based on current certification of a preoperative medical clearance and insufficient history of systemic diseases or risk factors to support a specialty referral for a H&P. The ODG-TWC guidelines were cited. This UR decision was appealed for an Independent Medical Review. The submitted

application for Independent Medical Review (IMR) requested an appeal for a referral for a preoperative H&P. All other requested services were certified during the UR on 10/09/2014

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre Op H&P: 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) Section: Low Back, Topic: Pre-operative testing

Decision rationale: California MTUS does not address this issue. The ODG guidelines recommend pre-operative testing in the presence of co-morbidities or significant risk factors, The documentation does not indicate cardiovascular or other significant risk factors necessitating a pre-operative consultation for medical clearance by an internist. The attending surgeon can perform the pre-operative history and physical examination to determine any risk factors. In the absence of known risk factors the request for a pre-operative history and physical (by a different physician) is not medically necessary per guidelines.