

Case Number:	CM14-0025694		
Date Assigned:	06/13/2014	Date of Injury:	07/01/2002
Decision Date:	08/22/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/28/2014

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 Pulmonary Diseases 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 injured worker is a 62-year-old female who reported an injury on 07/01/2002. The mechanism of injury was noted to be repetitive motion. Her diagnoses include left carpal tunnel syndrome and left tenosynovitis of the hand/wrist. Her previous treatments were noted to include splinting, exercise, and medications. Her medications were noted to include Lidoderm, amlodipine, and tramadol. On 10/14/2013, the injured worker presented with complaints of left wrist pain. It was noted that she had not had significant improvement with conservative measures. Her physical examination revealed a positive Tinel's test, a positive Phalen's test, a positive carpal compression test, and moderate weakness of the left wrist. The treatment plan included surgical intervention with preoperative medical clearance. A 01/22/2014 physician note indicated that the injured worker had a history of hypertension, hyperlipidemia, and arrhythmia, and required preoperative cardiac clearance and stress echo prior to her carpal tunnel release surgery scheduled for 02/04/2014. The request for authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRE-OP CONSULTATION FOR PRE-OP CARDIAC CLEARANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.guidelines.gov/content.aspx?id=38289>.

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, Preoperative testing, general.

Decision rationale: The request is not medically necessary. According to the Official Disability Guidelines, the need for preoperative testing should be based on patient's clinical history, comorbidities, and physical examination findings. The guidelines further state that patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing regardless of preoperative status. The clinical information submitted for review indicated that the injured worker had a history of hypertension, hyperlipidemia, and arrhythmia. However, there was no documentation showing evidence of active cardiovascular disease. In addition, the documentation indicated that her surgery had been scheduled for 02/14/2014. Therefore, further documentation is required with updated information including whether the injured worker has undergone surgery or has active cardiovascular disease to warrant the requested testing. In the absence of this documentation, the request is not supported.

STRESS ECHO: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/15038415>.

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, Preoperative testing, general.

Decision rationale: The request is not medically necessary. According to the Official Disability Guidelines, the need for preoperative testing should be based on patient's clinical history, comorbidities, and physical examination findings. The guidelines further state that patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing regardless of preoperative status. The clinical information submitted for review indicated that the injured worker had a history of hypertension, hyperlipidemia, and arrhythmia. However, there was no documentation showing evidence of active cardiovascular disease. In addition, the documentation indicated that her surgery had been scheduled for 02/14/2014. Therefore, further documentation is required with updated information including whether the injured worker has undergone surgery or has active cardiovascular disease to warrant the requested testing. In the absence of this documentation, the request is not supported.