

Case Number:	CM14-0028537		
Date Assigned:	06/20/2014	Date of Injury:	10/13/2001
Decision Date:	07/31/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/06/2014

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 Internal Medicine, has a subspecialty in 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 50-year-old male who reported an injury on 10/13/2011 due to a fall. The injured worker was diagnosed with carpal tunnel syndrome, bilateral median nerve entrapment at the wrists and fracture to the left upper extremity. The injured worker received 2 surgeries to the left elbow and was placed on conservative care along with medication to address pain issues. A postsurgical follow-up exam by the physician noted left elbow was indicating warmth at the side of the hardware placement to repair the fracture following his fall at work. The injured worker was to use Hydrocodone, Soma, Omeprazole, Tramadol, Benazepril HZTC, and Voltaren gel. The injured worker will be receiving surgery to his left wrist for carpal tunnel syndrome. The physician would like an internal medicine consultation for pre-op medical clearance of the injured worker. A UR dated 02/13/2014 denied the request for an internal medicine consultation for pre-op medical clearance. A request for authorization form was signed on 06/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERNAL MEDICINE CONSULTATION FOR PRE-OP MEDICAL CLEARANCE:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 8-14.

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.

Decision rationale: The ODG Low Back Guidelines for preoperative screening do recommend exams to confirm clinical findings and note many tests are unnecessarily leading to increased costs in medicine today. The injured worker has already been clinically identified as a high risk with EKG readings indicating a prolonged QT interval. The ODG lists arthroscopic surgery as a low risk surgery. As such, the request is not medically necessary.