

Case Number:	CM14-0028783		
Date Assigned:	06/16/2014	Date of Injury:	10/30/2013
Decision Date:	07/21/2014	UR Denial Date:	02/27/2014
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 Occupational Medicine 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 applicant has filed a claim for fractures of the radius and navicular bone of the wrist reportedly sustained in an industrial injury of October 30, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; a splint; a sling; and work restrictions. In a Utilization Review Report dated February 27, 2014, the claims administrator apparently approved a wrist open reduction internal fixation surgery on the grounds that non-operative treatment had failed to result in appropriate fracture healing while denying a request for a preoperative medical clearance, electrocardiography, complete blood count, and a basic metabolic panel. The denials are apparently based on the fact that the applicant was 26 years old and likely healthy. The claims administrator did not cite any guidelines in its decision to deny the electrocardiography (EKG), basic metabolic panel (BMP), and complete blood count (CBC). It appears that Norco was partially approved as 60-tablet supply. The MTUS Chronic Pain Medical Treatment Guidelines were cited, although this was not a chronic pain case. The applicant's attorney subsequently appealed. In a February 17, 2014 progress note, the applicant was diagnosed with a nonunion of the hand and wrist fractures. The applicant was given a diagnosis of fracture nonunion and apparently asked to pursue an open reduction internal fixation surgery. In an initial visit report of October 31, 2013, it was suggested that the applicant was 25-years-old and had no significant medical history.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 COMPLETE BLOOD COUNT: 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 Medscape, Preoperative Testing article. <http://emedicine.medscape.com/article/285191-overview#showall> Preoperative Testing - Author: Gyanendra K Sharma, MD, FACC, FASE; Chief Editor: William A Schwer, MD.

Decision rationale: The proposed complete blood count is not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. As noted in the Medscape Preoperative Testing article, obtaining a hemoglobin level is recommended for applicants undergoing major surgery with significant expected blood loss or in applicants who are aged 65 years of age or greater. In this case, however, the applicant is 25-years-old. The open reduction and internal fixation (ORIF) surgery in question is not necessarily one in which large blood loss would be expected. The attending provider did not specifically state that large blood loss was foreseen here. As further noted by Medscape, a mild hemoglobin abnormality is not associated with an increased incidence of perioperative morbidity or mortality. Medscape goes on to further note that the prevalence of severe leukopenia or thrombocytopenia is quite low and found in fewer than less than 1% of applicants. In this case, the attending provider did not specifically state that the applicant was at heightened risk for anemia, leukopenia, thrombocytopenia, etc. No clear rationale for the testing in question was provided. Therefore, the request is not medically necessary.

1 BASIC METABOLIC PANEL: 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 Medscape, Preoperative Testing article. <http://emedicine.medscape.com/article/285191-overview#showall> Preoperative Testing - Author: Gyanendra K Sharma, MD, FACC, FASE; Chief Editor: William A Schwer, MD.

Decision rationale: Similarly, the proposed basic metabolic panel is likewise not medically necessary, medically appropriate, or indicated here. Again, the MTUS does not address the topic. As noted in the Medscape Preoperative Testing article, unanticipated electrolyte abnormalities are quite rare, with a prevalence of 1.4% amongst healthy elective surgery patients. In this case, the applicant is a healthy 25-year-old outpatient surgery applicant. As noted by Medscape, routine electrolyte testing, such as the basic metabolic panel being proposed here is not recommended in healthy individuals. Therefore, the request is not medically necessary.

1 ELECTROCARDIOGRAPHY: 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 Medscape, Preoperative Testing article. <http://emedicine.medscape.com/article/285191-overview#showall> Preoperative Testing - Author: Gyanendra K Sharma, MD, FACC, FASE; Chief Editor: William A Schwer, MD.

Decision rationale: The proposed electrocardiography is likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. As noted in the Medscape Preoperative Testing article, the usefulness of routine EKG testing in lower-risk surgery is questionable. Medscape goes on to state that routine EKG testing is not recommended in asymptomatic applicants without any clinical risk factors who are set to undergo a lower-risk surgery. In this case, the applicant was specifically described as having no significant medical history at age 25. There was no mention or concern voiced about the applicant's proposed surgery being higher risk for any particular reason. Therefore, the request is not medically necessary.