

Case Number:	CM14-0033414		
Date Assigned:	06/20/2014	Date of Injury:	02/11/2008
Decision Date:	07/25/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/17/2014

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:

The injured worker is a 58-year-old female with a reported date of injury of 02/11/2008. The injury reportedly occurred when the injured worker was getting a box out of the freezer and a box fell on her arm. Her previous treatments were noted to include physical therapy, splinting, and medications. Her diagnosis was noted as medial epicondylitis. The progress report dated 05/14/2014 reported the injured worker complained of right elbow pain and although she was working regular duty, she was unable to lift much more than 25 pounds. The physical examination of the elbows noted no effusion, erythema, induration, and a normal carrying angle. There was noted ecchymosis, swelling, and warmth. The range of motion of the elbows was noted to be forward flexion 145 degrees, extension 0 degrees, pronation 80 degrees, supination 80 degrees, and pain elicited by motion. The provider reported that the condylar signs to the right were resistance with flexion, pain negative, and extension, pain negative, and medial epicondyle tenderness and resistance with flexion was pain positive, and lateral epicondyle was nontender. The provider reported significant swelling over the medial epicondyle and very tender to palpation. The motor strength testing was noted to be 5/5 to the right elbow. The Request for Authorization form dated 02/13/2014 was for preoperative clearance due to pending surgery to the right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op clearance QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Institute for Clinical Systems Improvement (ICSI); 2008, Jul. 32 p. (20 references), and http://www.guideline.gov/summary/summary.aspx?doc_id=12973&nbr=6682&ss6&x1=999.

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 Official Disability Guidelines (ODG) states that preoperative testing (such as chest radiography, electrocardiography, laboratory testing, and urinalysis) is often performed before surgical procedures. These investigations can be obtained to stratify risk, direct anesthesia choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the injured worker's clinical history, comorbidities, and physical examination findings. Routine preoperative tests are defined as those done in the absence of any specific clinical indication or purpose and typically include a panel of blood tests, urine tests, chest radiography, and an electrocardiogram. These tests are performed to find latent abnormalities such as anemia or silent heart disease, that could impact the how, when, or whether the planned surgical procedure or concomitant anesthesia are performed. It is unclear whether the benefits accrued from responses to true positive tests outweigh the harms of false positive preoperative tests and if there is a benefit, how this benefit compares to the resource utilization required for testing. In this case, the documentation provided indicates the injured worker's surgery has not been approved, and therefore, preoperative clearance is not warranted at this time. Additionally, the request failed to provide specifically which preoperative tests the provider is requesting. As such, the request is non-certified.