

Case Number:	CM14-0038578		
Date Assigned:	06/27/2014	Date of Injury:	06/20/2006
Decision Date:	12/31/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/02/2014

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:

According to the records made available for review, this is a 51-year-old female with a 6/20/06 date of injury. At the time (4/1/14) of the Decision for pre-operative complete blood count (CBC), comprehensive metabolic panel (CMP), urinalysis, electrocardiogram (EKG), chest X-ray, pregnancy testing, pro-thrombin time and partial prothrombin time, there is documentation of subjective (right hand pain) and objective (positive Tinel's and Phalen's sign) findings, current diagnoses (neck sprain, wrist sprain, and bilateral carpal tunnel syndrome), and treatment to date (medications and physical therapy). Medical report identifies an associated request for right carpal tunnel release that has been authorized/certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative complete blood count (CBC), comprehensive metabolic panel (CMP), urinalysis, electrocardiogram (EKG), chest X-ray, pregnancy testing, pro-thrombin time and partial prothrombin time: 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) Low Back Chapter, Preoperative lab testing

Decision rationale: MTUS does not address this issue. ODG identifies that preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. Within the medical information available for review, there is documentation of diagnoses of neck sprain, wrist sprain, and bilateral carpal tunnel syndrome. In addition, there is documentation of an associated surgery that is authorized/certified. However, there is no documentation of rationale for medical necessity of the requested pre-operative complete blood count (CBC), comprehensive metabolic panel (CMP), urinalysis, electrocardiogram (EKG), chest X-ray. Therefore, based on guidelines and a review of the evidence, the request for pre-operative complete blood count (CBC), comprehensive metabolic panel (CMP), urinalysis, electrocardiogram (EKG), chest X-ray is not medically necessary.