

Case Number:	CM14-0051429		
Date Assigned:	06/23/2014	Date of Injury:	08/18/2011
Decision Date:	07/25/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/21/2014

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 Orthopaedic 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:

This 68-year-old male sustained an industrial injury on 8/18/11. The patient was involved in a tractor trailer accident with multiple injuries. He underwent an open reduction and internal fixation of a left clavicular fracture on 8/18/11, with subsequent hardware removal on 4/30/13. He was status post left shoulder arthroscopy on 2/14/12 and left shoulder reverse total shoulder arthroplasty on 4/30/13. Past medical history was positive for hypertension, hypercholesterolemia, smoking for 40 years, and carotid artery stenosis. The 8/14/13 electrodiagnostic study showed significant pronounced tardy left ulnar palsy and minimal left carpal tunnel syndrome. The 2/27/14 secondary treating physician report indicated the patient had completed occupational therapy with no relief of numbness and tingling. Left cubital tunnel exam documented positive Tinel's, direct compression, and hyperflexion, with negative ulnar nerve subluxation. Left carpal tunnel exam documented strongly positive Tinel's, negative direct compression, and negative Phalen's tests. The patient had reportedly failed all non-operative treatment options, including splinting and occupational therapy. Surgery was again requested to include left open carpal tunnel release, left open cubital tunnel release, possible medial epicondylectomy, and possible anterior subcutaneous transposition. The 3/12/14 utilization review relative to pre-blood work (left elbow/wrist) noted prior denials of the requested left carpal tunnel release and cubital tunnel release surgeries. The lack of electrodiagnostic evidence of moderate to severe carpal tunnel syndrome and no clear documentation that conservative treatment had been of at least 3 months duration did not establish the medical necessity of surgery. The 3/11/14 occupational medicine report indicated that the patient had grade 4/10 left upper extremity pain with persistent numbness and tingling. The orthopedist had recommended the patient continue physical therapy and was asking for authorization to perform surgery on the

elbow and wrist. The treatment plan recommended continued physical therapy and follow-up with the surgeon when the surgery was authorized and scheduled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-blood work (left elbow/wrist): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

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-Lumbar & Thoracic; Pre-operative lab testing.

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. The Official Disability Guidelines state the decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. In general, guidelines support urinalysis for patients undergoing implantation of foreign material, electrolyte and creatinine testing in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure, and a complete blood count when significant perioperative blood loss is anticipated. Guidelines would support standard pre-operative lab work for this patient based on his age and co-morbidities. However, the specific tests being requested have not been documented to allow for assessment of medical necessity. Additionally, the surgical procedures have not been certified according to the provided records. Therefore, this request for pre-blood work (left elbow/wrist) is not medically necessary.