

Case Number:	CM14-0063208		
Date Assigned:	07/11/2014	Date of Injury:	05/24/2012
Decision Date:	08/19/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/05/2014

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 Anesthesiologist and Pain Medicine, and is licensed to practice in Florida. 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 51-year-old female who reported injury on 05/24/2012. The prior treatments included medications, splinting and a corticosteroid injection. The documentation of 01/15/2014 revealed the injured worker had exquisite tenderness over the 1st extensor compartment which was a frank trigger finger with flexion and extension. The injured worker had a positive Phalen's, Tinel's, and Durkin's test. The assessment was the injured worker had carpal tunnel syndrome and steno sing tenosynovitis. The treatment plan included a tenosynovectomy of the middle finger and a carpal tunnel release. The subsequent documentation of 02/26/2014 revealed the injured worker had a positive Phalen's test, Durkin's and Tinel's. The treatment plan included treatment of the steno sing tenosynovitis surgically. It was documented the injured worker wished to proceed.

IMR ISSUES, DECISIONS AND RATIONALES

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

EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 electrocardiogram (ECG).

Decision rationale: The Official Disability Guidelines indicate that EKGs are recommended for those undergoing high risk surgery and intermediate risk surgery. The clinical documentation submitted for review indicated the procedure was found to be not medically necessary for the injured worker. As such, the request for an EKG is not medically necessary.

CBC: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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: The Official Disability Guidelines recommend complete blood counts for injured workers who have diseases that increase the risk of anemia or in injured workers in whom significant perioperative blood loss is anticipated. The clinical documentation submitted for review failed to provide documentation the procedure was approved and found to be medically necessary. There was a lack of documentation indicating the injured worker had a disease that increased the risk of anemia or there was a significant perioperative blood loss anticipated. The request for a CBC is not medically necessary.

BMP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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: The Official Disability Guidelines indicate that electrolyte and creatinine testing should be performed on injured workers with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure. The requested surgical intervention was found to be not medically necessary. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for BMP is not medically necessary.