

Case Number:	CM14-0063312		
Date Assigned:	07/11/2014	Date of Injury:	02/05/2013
Decision Date:	08/12/2014	UR Denial Date:	04/22/2014
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 Orthopedic Surgeon, and is licensed to practice in Texas and Oklahoma. 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 50-year-old female who reported an injury on 02/05/2013. The mechanism of injury was overexertion due to lifting and repeated chopping. The injured worker underwent a right wrist arthroscopic debridement and TFCC (Triangular Fibrocartilage Complex) repair with excision of the dorsal radial wrist ganglion on 02/03/2014. Prior treatments included 2 steroid injections. Additional prior treatments included physical therapy. The documentation of 01/07/2014 revealed the injured worker was in the office to review the MRI of her right elbow and right wrist. It was indicated that the injured worker's right shoulder pain was the most bothersome and that she had not responded to injections or therapy. It was noted that the injured worker was in the office to discuss operative care. The documentation indicated that the injured worker underwent an MRI of the right shoulder on 05/22/2013 which revealed, unofficially, inflammatory changes at the supraspinatus and although not obvious, unable to rule out a small full thickness perforation or partial thickness tearing. The physical examination revealed minimal AC tenderness and tenderness at the bicipital groove and greater tuberosity. There was a positive Hawkins and Neer's and a negative drop sign. The diagnoses included shoulder impingement and ganglion cyst. The treatment plan included a right shoulder arthroscopy, decompression and repairs as needed, a right wrist ganglion excision, and a right wrist arthroscopy with repairs as needed. The documentation of 04/28/2014 revealed the surgical procedure was denied. Associated requests for the surgical procedure included a complete blood count, comprehensive metabolic panel, and electrocardiography.

IMR ISSUES, DECISIONS AND RATIONALES

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

Complete Blood Count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines ,low back ,preoperative lab testing ,preoperative electrocardiogram (ECG).

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 a complete blood count may be appropriate for injured workers who have diseases that increase the risk of anemia or injured workers in whom significant preoperative blood loss is anticipated. This request was for preoperative treatment for a surgical procedure that was found to be not medically necessary. Given the above, the request for a complete blood count is not medically necessary.

Comprehensive Metabolic Panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines ,low back ,preoperative lab testing ,preoperative electrocardiogram (ECG).

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 in injured workers with underlying chronic diseases and those taking medications that predispose them to electrolyte abnormalities or renal failure. The clinical documentation submitted for review failed to provide documentation that the injured worker had an underlying chronic disease or was taking a medication that predisposed her to electrolyte abnormalities or renal failure. This request was for preoperative treatment for a surgical procedure that was found to be not medically necessary. Given the above, the request for a comprehensive metabolic panel is not medically necessary.

Electrocardiography: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines ,low back ,preoperative lab testing ,preoperative electrocardiogram (ECG).

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 recommend preoperative electrocardiograms for injured workers undergoing high risk surgery and that undergoing immediate risk surgery who have additional risk factors. The requested procedure was an outpatient procedure, which was a low risk surgical procedure. This request was for preoperative treatment for a surgical procedure that 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 electrocardiography is not medically necessary.