

Case Number:	CM14-0075210		
Date Assigned:	09/05/2014	Date of Injury:	03/06/2012
Decision Date:	10/14/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	05/22/2014

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 Occupational Medicine, 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 claimant is a 52-year-old gentleman who sustained multiple injuries to the right upper extremity on 03/06/12. The records provided for review document that the claimant subsequently underwent right wrist lunate fixation in 2012, right wrist arthroscopy and synovectomy in January, 2013, and removal of hardware in September, 2013. The medical records document that the claimant has chronic complaints of pain in the first dorsal extensor compartment, likely due to De Quervain's tenosynovitis, and that the claimant has failed a significant course of conservative care. The recommendation was made for first dorsal extensor compartment release of the right wrist. The request was made for the claimant to have an appointment for internal medicine clearance prior to procedure. Review of the clinical records fails to identify any documentation of underlying comorbidities or medical issues for this otherwise healthy 53-year-old gentleman.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal Medicine Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://emedicine.medscape.com/article/285191-overview#a1> Medscape: Preoperative Testing-Author: Gyanendra K. Sharma, MD, FACP, FACC, FASE; Chief Editor: William A. Schwer, MD

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: Based on California ACOEM Guidelines, the request for an appointment for internal medicine clearance would not be indicated. While the claimant is to undergo a De Quervain's release, there is no documentation of underlying medical issues or comorbidity that would require preoperative "clearance." The medical records indicate that the claimant has done well with multiple right wrist surgeries dating back to 2012. Therefore, the request for medical clearance prior to the De Quervain's release cannot be supported as medically necessary.