

Case Number:	CM14-0090340		
Date Assigned:	07/23/2014	Date of Injury:	01/12/2012
Decision Date:	08/28/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/16/2014

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:

This patient is a 60-year-old male with a date of injury of 1/12/12. He is scheduled for a repeat trigger finger release due to reoccurrence of symptoms at a new location along the tendon sheath. Records document IV sedation during the prior procedure. Medical history includes a history of type II Diabetes Mellitus.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre Operative EKG: Overturned

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 Other Medical Treatment Guideline or Medical Evidence: Practice_Advisory_for_Preanesthesia_Evaluation__An.13.

Decision rationale: The MTUS Guidelines do not address this issue, but other standards such as the Practice advisory for Preanesthesia Evaluation do address this issue. These standards support the medical necessity of a pre-operative EKG if there are medical risk factors present. The patient's history of Diabetes Mellitus is a sufficient risk factor to consider the pre-operative EKG medically necessary. Therefore, the request is medically necessary.

Post Operative Physical Therapy 3 Times a Week Over 6 Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 22.

Decision rationale: The MTUS Post Operative Physical Therapy Guidelines recommend a course of 9 post operative therapy sessions for trigger finger release. Now there are no exceptional circumstances that justify an exception to the guideline recommendations. The request for physical therapy 3X's 6 weeks is not medically necessary