

Case Number:	CM13-0054267		
Date Assigned:	12/30/2013	Date of Injury:	05/28/2013
Decision Date:	01/22/2015	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/12/2013

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 Emergency 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 injured worker is a 61-year old female with a date of injury of May 28, 2013. Results of the injury include the right thumb and right hand. Pertinent diagnoses include right de Quervain's, pain in joint hand, tenosynovitis of hand, osteoarthritis, carpal tunnel syndrome, and right first CMC arthritis. Physical examination noted the injured worker to have a positive Finkelstein test, first CMC grind test, Tinel's sign, Phalen's test and swelling over the first dorsal compartment. X-rays are positive for first CMC arthritis and osteophyte formation. No acute fracture or gross osteopathology were visualized. Treatment plan included work modification and surgical intervention. Utilization review dated October 25, 2013 non-certified pre-operative medical clearance. There are no cited guidelines supporting this decision. The stated purpose of the request for pre-op medical clearance was to provide clearance prior to the injured worker undergoing right first dorsal compartment release. The request for pre-op medical clearance was denied on October 25, 2013, citing the rationale that right first dorsal compartment release is not recommended. Therefore, the request for pre-op medical clearance is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op Medical Clearance: 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 CA Medical Treatment Utilization Schedule (MTUS), the American College of Occupational and Environmental Medicine (ACOEM) Occupational Medicine Practice Guidelines, APG I Plus, 2009 National Center for Biotechnology Information, <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2464262/>

Decision rationale: The requested pre-op medical clearance is medically necessary. The National Center for Biotechnology Information notes that, "The ultimate goals of preoperative medical assessment are to reduce surgical and anesthetic perioperative morbidity or mortality, and to return the worker to desirable functioning as quickly as possible. A history and physical examination, focusing on risk factors for cardiac and pulmonary complications and a determination of the injured worker's functional capacity, are essential to any preoperative evaluation." "Patients greater than age 40 require a CBC; males require an ECG if greater than age 40 and females if greater than age 50; this is for any type of surgery. B) Patients having major neurosurgical, abdominal, orthopedic, thoracic, cardiac, or vascular surgery usually require an ECG, CXR, lytes, bun, creatinine, LFT's, and PT/PTT. Refer to the preoperative form for lab testing indications for less major procedures. C) Patients having artificial material inserted (e.g. joint replacements) requires a urine analysis and culture. D) Patients less than age 40 who are not in categories B or C do not require laboratory testing." The injured worker has ongoing right hand pain. The treating physician has documented positive provocative maneuvers, including a positive Finkelstein test, first CMC grind test, Tinel's sign, and Phalen's test. Based on the currently available demographic information, the medical necessity has been established for this pre-op medical clearance, and therefore the request is deemed medically necessary. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur.