

Case Number:	CM14-0203843		
Date Assigned:	12/16/2014	Date of Injury:	04/15/2013
Decision Date:	02/12/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/05/2014

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 Surgery, has a subspecialty in Sports 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 40-year-old female who reported cumulative trauma on 05/20/2013. The mechanism of injury was unspecified. Her diagnoses include carpal tunnel syndrome and arthralgia, trigger finger, and ganglion cyst. Past treatments include a left carpal tunnel release and left thumb trigger release and injection. On 10/09/2014, the injured worker complained of continued pain in the right thumb and still feels a bump. The physical examination of the right thumb had palpable mobile 8.5 cm cyst in full aspect of the right thumb, near the flexion crease still present. It is indicated the thumb had full range of motion without triggering with nerve intact. It was minimally positive for the Phalen's right wrist test. It was also indicated the motor strength was within normal values. Her relevant medications were not provided. The treatment plan included preop medical clearance with labs, EKG, chest x-ray, right thumb surgery, excision mass, and trigger thumb. A rationale was not provided. A Request for Authorization form was submitted on 10/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-Op Medical Clearance: Labs: Upheld

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

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, Preoperative testing, general and Preoperative lab testing.

Decision rationale: The request for Pre-Op Medical Clearance: Labs are not medically necessary. According to the Official Disability Guidelines, the decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. More specifically, patients with signs or symptoms of cardiovascular disease should be evaluated for their preoperative status. In regards to preoperative lab testing, the Official Disability Guidelines recommend it for patients undergoing invasive urologic procedures, indicated for patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure. A complete blood count is indicated for patients with diseases that increase the risk of anemia or patients in whom significant preoperative blood loss is anticipated and coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding and for those taking anticoagulants. There was lack of documentation to indicate the patient had an active cardiovascular disease, was to be undergoing an invasive urologic procedure, or that the patient had underlying chronic disease and was taking medications to predispose them to electrolyte abnormalities or renal failure. In addition, there was lack of documentation to indicate the need for a complete blood count for the risk of anemia or perioperative blood loss or history of bleeding. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

EKG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment 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, Preoperative electrocardiogram (ECG).

Decision rationale: The request for EKG is not medically necessary. According to the Official Disability Guidelines, electrocardiograms are only recommended for patients undergoing high risk surgery and those undergoing intermediate risk surgery that have additional risk factors. However, it is not indicated for patients undergoing low risk surgeries to include endoscopic procedures. It is indicated the injured worker will be undergoing an endoscopic procedure of a right thumb surgery, excision of mass, and a trigger thumb. Based on the procedure being low risk, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Chest X-Ray: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment 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, Preoperative testing, general.

Decision rationale: The request for chest x-ray is not medically necessary. According to the Official Disability Guidelines for preoperative testing, chest radiography is reasonable for patients at risk for postoperative pulmonary complications if the result should change perioperative management. There was lack of documentation to indicate the injured worker would be at risk for postoperative pulmonary complications. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Right Thumb Surgery, Excision Mass, Trigger Thumb: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand, Surgery for ganglion cysts.

Decision rationale: The request for Right Thumb Surgery, Excision Mass, Trigger Thumb is not medically necessary. (Does not match with what is above.) According to the California MTUS/ACOEM Guidelines, ganglion cysts merit excision if aspiration fails. Recurrences may be spontaneous or related to inadequate removal of the communication with the carpal joints or stellate ganglia that the surgeon failed to excise. There was lack of documentation to indicate the injured worker had undergone a trial of aspiration. In regard to a trigger finger, the California MTUS/ACOEM Guidelines indicate 1 or 2 injections of Lidocaine and corticosteroids into or near the thickened area of the flexor tendon sheath are almost always sufficient to cure symptoms and restore function. A procedure under local anesthesia may be necessary to permanently correct persistent triggering. The injured worker was indicated to have a diagnosis of trigger finger. However, the physical examination findings indicated the thumb had full range of motion without triggering and the nerve joint intact along with full strength with thumb abduction. Based on the above, the request is not supported per the evidence based guidelines. As such, the request for Right Thumb Surgery, Excision Mass, Trigger Thumb is not medically necessary.