MAXIMUS Federal Services

Case Number:	CM14-0069307		
Date Assigned:	07/14/2014	Date of Injury:	05/24/2012
Decision Date:	01/27/2015	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/14/2014

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 Plastic Surgery, has a subspecialty in Hand Surgery and is licensed to practice in Oregon. 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 female has a date of injury of 5/24/12. She is diagnosed with carpal tunnel syndrome and stenosing tenosynovitis. Left middle finger trigger release is planned. Exam shows locking of the long finger with flexion and extension. Phalen and Durkan testing are positive. Trigger finger release and preoperative clearance are planned.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative Medical clearance CBC, BMP, 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 Official Disability Guidelines (ODG Preoperative testing

Decision rationale: ODG-TWC last updated 2014 states that preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, and urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity the decision to order preoperative tests should be guided by the patient's clinical history, comorbid ties, and physical examination findings. Patients with signs or

symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high-risk surgery and that undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. Chest radiography is reasonable the patients at risk of postoperative pulmonary complications if the results would change perioperative management. Patients in their usual state of health who are undergoing cataract surgery do not require preoperative testing. (Feely, 2013) The patient has poorly controlled diabetes and is over age 50. Preoperative testing is medically necessary.

Left middle finger Tenosynovectomy: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

Decision rationale: The proposed trigger finger release is medically necessary. The ODG guidelines recommend trigger finger release "when symptoms persist" despite steroid injections. Likewise, the ACOEM guidelines indicate that, "A procedure under local anesthesia may be necessary to permanently correct persistent triggering." This patient's trigger finger has persisted despite steroid injections. Trigger finger release is medically necessary.