

<b>Case Number:</b>	CM15-0005114		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	08/01/2013
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 30, year old male, who sustained an industrial injury on 8/1/2013. He has reported constant bilateral wrist pain with symptoms of numbness and tingling, weakness, with some clumsiness in holding and manipulating objects. The diagnoses have included bilateral wrist carpal tunnel syndrome, moderate to severe. Treatment to date has included medications, electromyogram studies of the bilateral wrists, splints and nerve conduction studies. The documentation noted that tentatively scheduled surgery for carpal tunnel release was for January 14, 2015. According to the utilization review performed on 12/23/2014, the requested History and physical exam and Pre- Operative clearance has been certified and the requested electrocardiogram (EKG) and Pre- Operative lab works has been non-certified. CA MTUS ACOEM and ODG were used and do not address the request for pre-operative clearance, history and physical exam. Alternate guidelines referenced. CA MTUS ACOEM and ODG Forearm, Wrist, and Hand do not address the request for electrocardiogram (EKG) and pre-operative lab works; alternate ODG Chapter referenced. Criteria for Preoperative lab testing were also used.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EKG:** Upheld

**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 Low Back - Lumbar & Thoracic Chapter, preoperative testing

**Decision rationale:** The patient presents with unrated constant bilateral wrist pain with associated numbness and tingling and loss of fine motor coordination. Patient's date of injury is 08/01/13. Patient has no surgical intervention directed at this complaint. The request is for EKG. The RFA for this treatment was not provided. Physical examination dated 11/11/14 reveals decreased grip strength bilaterally, positive Tinel's sign bilaterally, positive Phalen's sign bilaterally, and mild two-point discrimination sense loss bilaterally. The patient is currently prescribed Tramadol. Diagnostic EMG of the upper extremities dated 05/27/14 was provided, significant findings include: "left moderate to severe median sensory mononeuropathy and right moderate to severe median sensory mononeuropathy." Patient is classified as permanent and stationary following scheduled surgery. MTUS and ACOEM Guidelines do not discuss EKG, and ODG Forearm, Wrist, & Hand chapter does not either. However regarding preoperative testing, ODG, Low Back - Lumbar & Thoracic Chapter states: "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, comorbidities, 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 those undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography." In regards to the requested preoperative EKG, presumably to identify potential risk factors, the patient's clinical history and surgical procedure do not warrant such a study. While such examinations are useful to mitigate risk in patients with comorbidities, such as cardiovascular disease or advanced age, this patient is an otherwise healthy 30 year old male who is scheduled for a low-risk carpal tunnel release. Progress note dated 11/11/14 does not identify any discussion or rationale as to why an EKG is required for this patient. Therefore, the request IS NOT medically necessary.

**Pre- Operative lab works:** Upheld

**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 Low Back - Lumbar & Thoracic Chapter, Preoperative lab testing

**Decision rationale:** The patient presents with unrated constant bilateral wrist pain with associated numbness and tingling and loss of fine motor coordination. Patient's date of injury is 08/01/13. Patient has no surgical intervention directed at this complaint. The request is for PRE-

OPERATIVE LAB WORKS. The RFA for this treatment was not provided. Physical examination dated 11/11/14 reveals decreased grip strength bilaterally, positive Tinel's sign bilaterally, positive Phalen's sign bilaterally, and mild two-point discrimination sense loss bilaterally. The patient is currently prescribed Tramadol. Diagnostic EMG of the upper extremities dated 05/27/14 was provided, significant findings include: "left moderate to severe median sensory mononeuropathy and right moderate to severe median sensory mononeuropathy." Patient is classified as permanent and stationary following scheduled surgery. While ODG Forearm, Wrist and Hand chapter does not discuss Preoperative lab testing, The Low Back - Lumbar & Thoracic Chapter has the following: "Recommended as indicated below. Preoperative additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in perioperative management. Laboratory tests, besides generating high and unnecessary costs, are not good standardized screening instruments for diseases. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Preoperative routine tests are appropriate if patients with abnormal tests will have a preoperative modified approach. Testing should generally be done to confirm a clinical impression, and tests should affect the course of treatment. Criteria for Preoperative lab testing:- Preoperative urinalysis is recommended for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material.- Electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure.- Random glucose testing should be performed in patients at high risk of undiagnosed diabetes mellitus.- In patients with diagnosed diabetes, A1C testing is recommended only if the result would change preoperative management.- 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.- Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants."In regards to the requested preoperative blood labs, presumably to identify potential risk factors, the patient's clinical history and surgical procedure do not warrant such a study. Laboratory studies are useful to mitigate risk in patients with comorbidities - such as diabetes, electrolyte imbalance, or anemia - however, this patient is an otherwise healthy 30 year old male who is scheduled for a low-risk carpal tunnel release. Progress note dated 11/11/14 does not provide significant physical findings, state that this patient suffers from any other conditions, or document that he is currently taking anti-coagulants or other medications which would necessitate blood labs. Therefore, the request IS NOT medically necessary.