

Case Number:	CM15-0007993		
Date Assigned:	01/26/2015	Date of Injury:	05/04/2014
Decision Date:	03/24/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/14/2015

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: Orthopedic Surgery, Sports Medicine

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 58-year-old male who reported an injury on 05/04/2014. The mechanism of injury involved heavy lifting. The current diagnoses include cervical and lumbar strain, cervical and lumbar disc degeneration, and subjective right hand pain. The injured worker presented on 11/12/2014 for an initial orthopedic evaluation. The current medication regimen includes ibuprofen and prednisone. The injured worker also underwent electrodiagnostic studies of the bilateral upper extremities. Upon examination, there was mild diffuse tenderness of the lumbar spine with subjective weakness of the right arm. Recommendations included 6 sessions of acupuncture for the neck and low back as well as a neurology evaluation for the upper extremity weakness. On 12/18/2014, the provider indicated that the injured worker had evidence of carpal tunnel syndrome in the right upper extremity. Approval of a carpal tunnel release was recommended at that time. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative labs: CBC, UA, BMP, EKG: 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), Low Back Chapter, Pre-Operative Testing Section

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 Chapter, Preoperative Testing, General.

Decision rationale: The Official Disability Guidelines state preoperative testing should be guided by the patient's clinical history, comorbidities, and physical examination findings. There was no documentation of a significant medical history or any comorbidities to support the necessity for preoperative laboratory testing. Given the above, the request is not medically appropriate.