

Case Number:	CM15-0102829		
Date Assigned:	06/05/2015	Date of Injury:	10/28/2010
Decision Date:	07/09/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/28/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 32 year old male, who sustained an industrial injury on 10/26/10. The injured worker has complaints of tingling and numbness in the left hand. The documentation noted on examination that tinel's positive at the median nerve of left wrist. The diagnoses have included carpal tunnel syndrome; status post ulnar nerve decompression procedures both elbows, doing well; bilateral carpal tunnel syndrome and possible cervical radiculopathy. Treatment to date has included injections; endoscopic carpal tunnel release, right and physical therapy. The request was for pre-operative clearance, complete blood count; partial thromboplastin time (PTT); prothrombin time; international normalized ratio, chemistry 7, urinalysis, chest X-ray, electrocardiogram and history and physical.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative clearance: CBC, PT, PTT, INR, Chem 7, UA, CXR, EKG, H&P: 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, Preoperative testing, and general and on the Non-MTUS ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-To-Date: Preoperative medical evaluation of the healthy patient.

Decision rationale: Complete blood count is a blood test that gives information on hemoglobin, white blood cells, and platelets. Anemia is present in approximately 1 percent of asymptomatic patients. The frequency of significant unsuspected white blood cell or platelet abnormalities is low. Chem panel is a blood test that measures renal function, blood glucose, and electrolytes. Mild to moderate renal impairment is usually asymptomatic; the prevalence of an elevated creatinine among asymptomatic patients with no history of renal disease is only 0.2 percent. The frequency of unexpected electrolyte abnormalities is low (0.6 percent in one report). The frequency of glucose abnormalities increases with age; almost 25 percent of patients over age 60 had an abnormal value in one report. Urinalysis is indicated when screening for urinary tract infection in symptomatic patients and for screening for renal disease. Electrocardiogram is indicated in patients with chest pain, shortness of breath, or palpitations. It is used to aid in diagnosis of ischemic heart disease, congestive heart failure, and dysrhythmias. In this case, the patient was not experiencing chest pain, shortness of breath or palpitations. Medical necessity has not been established. The request should not be authorized. PT/PTT/INR is blood tests used to assess bleeding risk or hemostasis. Routine preoperative tests of hemostasis are NOT recommended. If the history, physical examination and family history do not suggest the presence of a bleeding disorder, no additional laboratory testing is required. Preoperative chest x-rays add little to the clinical evaluation in identifying patients at risk for perioperative complications. Abnormal findings on chest x-ray occur frequently, and are more prevalent in older patients. Several systematic reviews and independent advisory organizations in the US and Europe recommend against routine chest radiography in healthy patients. History and physical examination are routine part of the patient-physician interaction and is recommended. In this case the patient has no documented medical problems. There is no medical necessity for the preoperative clearance. The request is not medically necessary.