

Case Number:	CM15-0104592		
Date Assigned:	06/08/2015	Date of Injury:	06/01/2011
Decision Date:	09/04/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/01/2015

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, Indiana, Oregon
 Certification(s)/Specialty: Orthopedic Surgery

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 55 year old female who reported an industrial injury on 6/1/2011. Her diagnoses, and/or impressions, are noted to include: carpal tunnel syndrome; brachial neuritis or radiculitis; stenosing tenosynovitis of the left thumb flexor tendon; and arthritis in the bilateral hands. No current imaging studies are noted. Her treatments have included an orthopedic panel qualified medical examination on 11/20/2014, and supplement report on 5/4/2015; left trigger thumb release and right carpal tunnel release in 2012; medication management; and modified work duties. The evaluation notes of 11/20/2014 reported complaints of continuation of right thumb pain symptomatology. Objective findings were noted to include mild-moderate tenderness at the base of the right thumb with mild joint tenderness and decreased grip strength. The physician's requests for treatments were noted to include right thumb surgery with pre-operative clearance through laboratories, urinalysis, electrocardiogram and history & physical; and post-operative occupational therapy for the right hand/wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op occupational therapy for the right hand/wrist, 3x4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 20 and 21.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 20.

Decision rationale: CA MTUS/Post surgical treatment guidelines, page 20 recommend 14 visits of therapy following release of trigger finger. Initially half the visits are recommended. In this case, the request exceeds the initial allowable number of visits and is not medically necessary.

Pre-op clearance H & P: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Perioperative protocol. Healthcare protocol. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2014 Mar. 124p.

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.

Decision rationale: CA MTUS/ACOEM is silent on the issue of preoperative clearance and testing. ODG, Low back, Pre-operative testing general, is utilized. This chapter states that pre-operative testing is guided by the patient's clinical history, comorbidities and physical examination findings. ODG 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 pre-operative 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 pre-operative status. Pre-operative ECG in patients without known risk factor for coronary artery disease, regardless of age, may not be necessary. CBC is recommended for surgeries with large anticipated blood loss. Creatinine is recommended for patient with renal failure. 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. Based on the information provided for review, there is no indication of any of these clinical scenarios present in this case. In this case the patient is a healthy 55 year old without comorbidities or physical examination findings concerning to warrant preoperative testing prior to the proposed outpatient surgical procedure. Therefore, the request is not medically necessary.

Pre-op clearance labs: CBC, Chem7: 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 (online version), Pre-operative testing, general.

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.

Decision rationale: CA MTUS/ACOEM is silent on the issue of preoperative clearance and testing. ODG, Low back, Pre-operative testing general, is utilized. This chapter states that pre-operative testing is guided by the patient's clinical history, comorbidities and physical examination findings. ODG states, These investigations can be helpful to stratify risk, direct anesthetic choices, and guide post-operative management, but often are obtained because of protocol rather than medical necessity. The decision to order pre-operative 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 pre-operative status. Pre-operative ECG in patients without known risk factor for coronary artery disease, regardless of age, may not be necessary. CBC is recommended for surgeries with large anticipated blood loss. Creatinine is recommended for patient with renal failure. 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. Based on the information provided for review, there is no indication of any of these clinical scenarios present in this case. In this case the patient is a healthy 55 year old without comorbidities or physical examination findings concerning to warrant preoperative testing prior to the proposed outpatient surgical procedure. Therefore the request is not medically necessary.

Pre-op clearance labs: PT, PTT: 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 (online version), Pre-operative testing, general.

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.

Decision rationale: CA MTUS/ACOEM is silent on the issue of preoperative clearance and testing. ODG, Low back, Pre-operative testing general, is utilized. This chapter states that pre-operative testing is guided by the patient's clinical history, comorbidities and physical examination findings. ODG states, These investigations can be helpful to stratify risk, direct anesthetic choices, and guide post-operative management, but often are obtained because of protocol rather than medical necessity. The decision to order pre-operative 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 pre-operative status. Pre-operative ECG in patients without known risk factor for coronary artery disease, regardless of age, may not be necessary. CBC is recommended for surgeries with large anticipated blood loss. Creatinine is recommended for patient with renal failure. 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. Based on the information provided for review, there is no indication of any of these clinical scenarios present in this case. In this case the patient is a healthy 55 year old without

comorbidities or physical examination findings concerning to warrant pre-operative testing prior to the proposed outpatient surgical procedure. Therefore, the request is not medically necessary.

Pre-op clearance labs: INR: 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 (online version), Preoperative testing, general.

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.

Decision rationale: CA MTUS/ACOEM is silent on the issue of preoperative clearance and testing. ODG, Low back, Preoperative testing general, is utilized. This chapter states that pre-operative testing is guided by the patient's clinical history, comorbidities and physical examination findings. ODG states, These investigations can be helpful to stratify risk, direct anesthetic choices, and guide post-operative management, but often are obtained because of protocol rather than medical necessity. The decision to order pre-operative 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 pre-operative status. Pre-operative ECG in patients without known risk factor for coronary artery disease, regardless of age, may not be necessary. CBC is recommended for surgeries with large anticipated blood loss. Creatinine is recommended for patient with renal failure. 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. Based on the information provided for review, there is no indication of any of these clinical scenarios present in this case. In this case the patient is a healthy 55 year old without comorbidities or physical examination findings concerning to warrant pre-operative testing prior to the proposed outpatient surgical procedure. Therefore, the request is not medically necessary.

Pre-op clearance labs: UA: 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 (online version), Preoperative testing, general.

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.

Decision rationale: CA MTUS/ACOEM is silent on the issue of pre-operative clearance and testing. ODG, Low back, Pre-operative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. ODG states, These investigations can be helpful to stratify risk, direct anesthetic choices, and guide post-operative 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 pre-operative status. Pre-operative ECG in patients without known risk factor for coronary artery disease, regardless of age, may not be necessary. CBC is recommended for surgeries with large anticipated blood loss. Creatinine is recommended for patient with renal failure. 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. Based on the information provided for review, there is no indication of any of these clinical scenarios present in this case. In this case the patient is a healthy 55 year old without comorbidities or physical examination findings concerning to warrant pre-operative testing prior to the proposed outpatient surgical procedure. Therefore, the request is not medically necessary.

Pre-op chest x-ray: 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 (online version), Pre-operative testing, general.

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.

Decision rationale: CA MTUS/ACOEM is silent on the issue of preoperative clearance and testing. ODG, Low back, Pre-operative testing general, is utilized. This chapter states that pre-operative testing is guided by the patient's clinical history, comorbidities and physical examination findings. ODG states, These investigations can be helpful to stratify risk, direct anesthetic choices, and guide post-operative management, but often are obtained because of protocol rather than medical necessity. The decision to order pre-operative 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. Pre-operative ECG in patients without known risk factor for coronary artery disease, regardless of age, may not be necessary. CBC is recommended for surgeries with large anticipated blood loss. Creatinine is recommended for patient with renal failure. 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. Based on the information provided for review, there is no indication of any of these clinical scenarios present in this case. In this case the patient is a healthy 55 year old without comorbidities or physical examination findings concerning to warrant pre-operative testing prior to the proposed outpatient surgical procedure. Therefore, the request is not medically necessary.

Pre-op 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 (online version), Pre-operative electrocardiogram (ECG).

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.

Decision rationale: CA MTUS/ACOEM is silent on the issue of pre-operative clearance and testing. ODG, Low back, Pre-operative testing general, is utilized. This chapter states that pre-operative testing is guided by the patient's clinical history, comorbidities and physical examination findings. ODG states, These investigations can be helpful to stratify risk, direct anesthetic choices, and guide post-operative 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 pre-operative status. Pre-operative ECG in patients without known risk factor for coronary artery disease, regardless of age, may not be necessary. CBC is recommended for surgeries with large anticipated blood loss. Creatinine is recommended for patient with renal failure. 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. Based on the information provided for review, there is no indication of any of these clinical scenarios present in this case. In this case the patient is a healthy 55 year old without comorbidities or physical examination findings concerning to warrant pre-operative testing prior to the proposed outpatient surgical procedure. Therefore, the request is not medically necessary.