

<b>Case Number:</b>	CM15-0135943		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	12/01/2013
<b>Decision Date:</b>	08/28/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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, Hand 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 64-year-old male, who sustained an industrial injury on December 1, 2013. Treatment to date has included EMG-NCV, orthotics, and physical therapy. Currently, the injured worker complains of continued symptoms to his rue. He complains of numbness and tingling and some stiffness in his finger. On physical examination the injured worker has tenderness to palpation on the right medial epicondyle and provocative testing is negative. He has no evidence of elbow instability and has a positive Phalen's and positive Tinel's test on the wrist. An EMG-NCV of the right upper extremity revealed right moderate-to-severe carpal tunnel syndrome with prolonged median motor and sensory latencies and a decreased sensory conduction velocity. The diagnoses associated with the request include Carpal tunnel syndrome with medial epicondylitis improving. The treatment plan includes carpal tunnel release with pre-operative medical clearance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated Surgical Service: Pre-op Medical Clearance: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Preoperative Testing Before Non-cardiac Surgery: Guidelines and Recommendations.

**Decision rationale:** An extensive systematic review referenced above concluded that there was no evidence to support routine preoperative testing. More recent practice guidelines recommend testing in select patients guided by a perioperative risk assessment based on pertinent clinical history and examination findings, although this recommendation is based primarily on expert opinion or low-level evidence. In this case, there is no documented medical history to support the need for the requested evaluation; rather, records indicate the injured worker has undergone back and bilateral shoulder surgeries without medical or anesthetic complications. Therefore, the request is determined to be unnecessary.