

Case Number:	CM15-0145400		
Date Assigned:	08/06/2015	Date of Injury:	10/01/2014
Decision Date:	09/11/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/27/2015

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, Oregon, Washington
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 57 year old female, who sustained an industrial injury on 10-01-2014. On provider visit dated 06-25-2015 the injured worker has reported ongoing complaints of numbness and tingling involving the median nerve distribution on the right hand, and pain was noted in the base of the right thumb with pinch or grip. On examination of the right hand revealed tenderness to touch over the CMC joint of her thumb with positive grind test and crepitation. There was noted atrophy present at the CMC joint of the thumb. There was a positive Tinel's sign over the carpal tunnel area was note MCP joint was slightly hyperextended. The diagnoses have included right thumb CMC arthritis and right carpal tunnel syndrome. Treatment to date has cortisone injections and medication. The provider recommended surgical intervention. The provider requested associate surgical services: pre-op labs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associate surgical services: Pre-op labs: 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 lab testing, criteria for preoperative lab testing.

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 lab testing. ODG low back is referenced. Guidelines for preoperative CBC is stated as patients with a medical risk for anemia or a planned surgery with significant blood loss. For testing of metabolic panel or creatinine, the guidelines recommend testing for patients with chronic kidney disease. Based on the clinic note of 7/25/15 there is not supporting evidence of the above, therefore the requested procedure is not medically necessary.