

Case Number:	CM15-0148796		
Date Assigned:	08/12/2015	Date of Injury:	10/23/1995
Decision Date:	09/09/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/31/2015

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: Oregon
 Certification(s)/Specialty: Plastic Surgery, Hand 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 50-year-old female, who sustained an industrial injury on 10-23-95. The diagnoses have included cervical strain and sprain with bilateral upper extremity radiculitis, carpal tunnel syndrome, thoracic and lumbar strain and sprain with bilateral lower extremity radiculitis, bilateral forearm and wrist strain flexor and extensor tendinitis, bilateral De Quervain's syndrome, and bilateral shoulder strain and impingement. Treatment to date has included medications, activity modifications, injections, physical therapy and home exercise program (HEP). Currently, as per the physician progress note dated 6-23-15, the injured worker complains of joint pain, muscle spasms, sore muscles, numbness, headaches, depression, stress and anxiety. The diagnostic testing that was performed included x-rays of the cervical and lumbar spine and electromyography (EMG)-nerve conduction velocity studies (NCV) of the bilateral upper extremities. The objective findings reveal that the bilateral forearms and wrists have tenderness to palpation over the flexor and extensor tendons, positive Tinel's and Phalen's test and sensation is decreased in the bilateral upper extremities in the median nerve distribution. The Jamar grip strength readings are as follows: right major 15-15-15 kilograms and left minor 12-12-12 kilograms. The physician requested treatment included Pre-operative clearance and associated surgical service: cold therapy unit (indefinite use).

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: ODG-TWC, Low Back updated 5/15/15 states: "Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. 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 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 preoperative status. Electrocardiography is recommended for patients undergoing high-risk surgery and that undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. Patients in their usual state of health who are undergoing cataract surgery do not require preoperative testing. (Feely, 2013) Routine preoperative tests are defined as those done in the absence of any specific clinical indication or purpose and typically include a panel of blood tests, urine tests, chest radiography, and an electrocardiogram (ECG). These tests are performed to find latent abnormalities, such as anemia or silent heart disease that could affect how, when, or whether the planned surgical procedure and concomitant anesthesia are performed. It is unclear whether the benefits accrued from responses to true-positive tests outweigh the harms of false-positive preoperative tests and, if there is a net benefit, how this benefit compares to the resource utilization required for testing. An alternative to routine preoperative testing for the purpose of determining fitness for anesthesia and identifying patients at high risk of postoperative complications may be to conduct a history and physical examination, with selective testing based on the clinician's findings. However, the relative effect on patient and surgical outcomes, as well as resource utilization, of these two approaches is unknown. (AHRQ, 2013) The latest AHRQ comparative effectiveness research on the benefits and harms of routine preoperative testing concludes that, except for cataract surgery, there is insufficient evidence comparing routine and per-protocol testing." There is insufficient evidence to support routine preoperative testing for low risk procedures, and in this case, the records do not document any medical issues that require selective preoperative testing. Therefore, the request is not medically necessary.

Associated surgical service: cold therapy unit (indefinite use): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

Decision rationale: California MTUS ACOEM Forearm, Wrist, and Hand Complaints, page 265, ODG Forearm, Wrist, Hand California Medical Treatment Utilization Schedule (MTUS), 2009, American College of Occupational and Environmental Medicine (ACOEM) Guidelines, Second Edition, 2004, Forearm, Wrist, and Hand Complaints, page 265: 'patients' at home applications of heat or cold packs may be used before or alter exercises and are as effective as those performed by a therapist. A specialized cold therapy unit for indefinite use is not indicated. The patient can use cold packs. Therefore, the request is not medically necessary.