

Case Number:	CM15-0149289		
Date Assigned:	08/12/2015	Date of Injury:	12/21/2013
Decision Date:	09/18/2015	UR Denial Date:	07/15/2015
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: Maryland, Virginia, North Carolina
 Certification(s)/Specialty: Plastic 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 47 year old female who sustained an industrial injury on 12-21-13. Initial complaints and diagnoses are not available. Treatments to date include medications, physical therapy, chiropractic care, injections, and home exercise program. Diagnostic studies include MRIs of the right wrist, elbow, and lumbar spine, as well as multiple x-rays. Current complaints include pain in the wrist and elbow. Current diagnoses include lumbosacral sprain and strain, right elbow and right wrist pain, as well as depression and anxiety. In a progress note dated 05-26-15 the treating provider reports the plan of care as a steroid injection on the date of service, as well as continued medication, therapy, ice, and home exercise program. The requested treatment includes a history and physical.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Comprehensive h&p: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2004, page 127.

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 pain, preoperative testing general.

Decision rationale: The patient is a 47 year old female who was certified for right medial epicondyle debridement with reattachment and right cubital tunnel release. A request was made for a comprehensive history and physical. Based on the entirety of the medical record the patient is not noted to have evidence of significant illness that would require extensive work-up. However, a preoperative history and physical examination should be considered medical necessary to stratify the patient's risk and determine if further medical testing is necessary. From ODG guidelines and as general anesthesia is likely to be performed, preoperative testing should be as follows: An alternative to routine preoperative testing for the purposes 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. Thus, an entire preoperative medical clearance is not medically necessary, but a history and physical would be to drive further testing. UR review stated that the H&P is part of the preoperative evaluation and does not warrant a separate code and charge. If the history and physical is performed by a physician other than the requesting surgeon, then it would require a separate code and charge. Therefore, based on ODG guidelines, it should be considered medically necessary.