MAXIMUS Federal Services

Case Number:	CM15-0162685		
Date Assigned:	08/31/2015	Date of Injury:	06/27/2013
Decision Date:	09/30/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	08/19/2015

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 46 year old female, who sustained an industrial injury on 6-27-13. The injured worker has complaints of right wrist pain with increased weakness with gripping and grasping. The documentation noted that the injured workers right wrist has positive Tinel's and Phalen's. The diagnoses have included ligamentous injury right wrist; De Quervain's tendinitis, right wrist and median and ulnar neuropathy, right hand. Treatment to date has included naproxen; omeprazole; tizanidine and physical therapy. The request was for pre-operative chest X-ray; pre-operative complete blood count; pre-operative platelet urinalysis; pre-operative fasting blood sugar, prothrombin time and international normalized ratio; pre-operative hepatic function panel; pre-operative blood urea nitrogen creatinine electrolyte panel; pre-operative uric acid and pre-operative hepatitis panel acute with reflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative 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, Preoperative 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 pain, Preoperative testing, general.

Decision rationale: The patient is a 46 year old female who was certified for right carpal tunnel release. She has a history of sickle cell trait and thalassemia anemia. A preoperative CXR was recommended, however, reasoning for this test was not sufficiently explained. A carpal tunnel release is a relatively low-risk procedure and thus should not require extensive work-up. However, as the patient has a history of sickle cell trait and thalassemia, it is reasonable to have a preoperative history and physical that can drive further testing. 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, a CXR without specific indication should not be considered medically necessary, but a history and physical would be to drive further testing.

Pre-operative complete blood count (CBC): Overturned

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, 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 pain, Preoperative testing, general.

Decision rationale: The patient is a 46 year old female who was certified for right carpal tunnel release. She has a history of sickle cell trait and thalassemia anemia. A preoperative CBC was recommended and given her history of anemia, this should be considered medically 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, as the patient has a history of sickle cell trait and thalassemia anemia, it is reasonable to perform a CBC preoperatively.

Pre-operative platelet urinalysis: Overturned

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, 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 pain, Preoperative testing, general.

Decision rationale: The patient is a 46 year old female who was certified for right carpal tunnel release. She has a history of sickle cell trait and thalassemia anemia. A preoperative platelet urinalysis was recommended and given her history of sickle cell trait and thalassemia anemia, this should be considered medically 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, as the patient has a history of sickle cell trait and thalassemia anemia, it is reasonable to perform a platelet urinalysis preoperatively.

Pre-operative FBS, PT and INR: Overturned

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, Preoperative lab testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back pain, Preoperative testing, general.

Decision rationale: The patient is a 46 year old female who was certified for right carpal tunnel release. She has a history of sickle cell trait and thalassemia anemia. A preoperative FBS, PT and INR was recommended and given her history of sickle cell trait and thalassemia anemia, this should be considered medically 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, as the patient has a history of sickle cell trait and thalassemia anemia, it is reasonable to perform a FBS, PT and INR preoperatively.

Pre-operative hepatic function panel: Overturned

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, 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 pain, Preoperative testing, general.

Decision rationale: The patient is a 46 year old female who was certified for right carpal tunnel release. She has a history of sickle cell trait and thalassemia anemia. A preoperative hepatic function panel was recommended and given her history of anemia, this should be considered medically 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, as the patient has a history of sickle cell trait and thalassemia anemia, it is reasonable to perform am hepatic function panel preoperatively. Sickle cell anemia can affect hepatic function.

Pre-operative BUN creatinine electrolyte panel: Overturned

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, 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 pain, Preoperative testing, general.

Decision rationale: The patient is a 46 year old female who was certified for right carpal tunnel release. She has a history of sickle cell trait and thalassemia anemia. A preoperative BUN creatinine electrolyte panel was recommended and given her history of thalassemia anemia, this should be considered medically 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, as the patient has a history of sickle cell trait and thalassemia anemia, it is reasonable to perform a BUN creatinine electrolyte panel preoperatively. Sickle cell anemia is known to possibly affect kidney function.

Pre-operative uric acid: Overturned

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, Preoperative lab testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back pain, Preoperative testing, general.

Decision rationale: The patient is a 46 year old female who was certified for right carpal tunnel release. She has a history of sickle cell trait and thalassemia anemia. A preoperative uric acid was recommended and given her history of thalassemia anemia, this should be considered medically 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, as the patient has a history of sickle cell trait and thalassemia anemia, it is reasonable to perform a uric acid panel preoperatively. Sickle cell anemia is known to possibly affect kidney function and can be associated with uric acid accumulation.

Pre-operative hepatitis panel acute with reflex: 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, Preoperative lab testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back pain, Preoperative testing, general.

Decision rationale: The patient is a 46 year old female who was certified for right carpal tunnel release. She has a history of sickle cell trait and thalassemia anemia. A preoperative hepatitis panel acute with reflex was recommended. 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, although the patient has a history of sickle cell trait and thalassemia anemia, there is insufficient justification provided for a preoperative hepatitis panel and thus should not be considered medically necessary.