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| Case Number: | CM15-0165225 | | |
| Date Assigned: | 09/02/2015 | Date of Injury: | 07/22/2014 |
| Decision Date: | 10/06/2015 | UR Denial Date: | 07/20/2015 |
| Priority: | Standard | Application Received: | 08/24/2015 |

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: Montana, Oregon, Idaho
 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 33 year old male, who sustained an industrial injury on 7-22-2014. Diagnoses include left cubital tunnel syndrome, left cervical and trapezial strain and mild right ulnar nerve irritation. Treatment to date has included diagnostics, 12 sessions of physical therapy for the left shoulder and left elbow, and NSAIDs. Per the Primary Treating Physician's Progress Report dated 6-24-2015 the injured worker reported no change in his left shoulder, left elbow and bilateral hand pain. He has numbness in the left arm that wakes him up multiple times every night. He notes weakness of the left arm and dropping things during the day with recurrent episodes of numbness to the small and ring finger. Physical examination of the left elbow revealed a positive elbow flexion test and positive cubital Tinel's. Electrodiagnostic testing was positive for left ulnar neuropathy. The plan of care included surgical intervention and authorization was requested for left elbow ulnar nerve decompression and transposition surgery, a sling (elbow sleeve) for postoperative use, postoperative physical therapy (2x4) and preoperative labs (CBC and Chem 7).

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (Acute & Chronic) Procedure Summary, Preoperative Lab Testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx>.

Decision rationale: CA MTUS and ODG are silent on the issue of preoperative clearance. Alternative guidelines were therefore referenced
<http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx> States that patients' greater than age 40 require a CBC; males require an ECG if greater than 40 and female is greater than age 50; this is for any type of surgery. In this case the claimant is 33 years old and does not have any evidence in the cited records from 6/24/15 of significant risk factors for coronary artery disease to warrant an EKG. Therefore determination is not medically necessary.