

<b>Case Number:</b>	CM15-0167162		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	10/15/2013
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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 45 year old female who sustained an industrial injury on 10-15-2013. She reported pain in her right shoulder, elbow and wrist. According to a progress report dated 07-10-2015, the injured worker reported tenderness in certain areas of the right wrist and pain, numbness and tingling in the "left right". She also reported some pain in the left elbow. Work status included regular duty with the right and no repetitive for the left hand. General physical examination included height 5' 8", weight 301 pounds, regular breathing, normal gait and station, pulse 72 and systolic blood pressure 157 and diastolic 76. She was described as well-nourished, well-developed and in no apparent distress. She was alert and orient to person, place and time. Mood and affect were age appropriate. Electrodiagnostic testing performed on 05-29-2015 demonstrated left carpal tunnel syndrome mild to moderate in degree and no additional electrophysiologic evidence of cervical radiculopathy, brachial plexopathy or peripheral poly-mononeuropathy. Impression included status post right carpal tunnel release on 03-10-2015, left carpal tunnel syndrome, left cubital tunnel syndrome and left lateral epicondylitis. The injured worker had failed conservative measures. She was given the option for surgical intervention. The proposed surgical treatment included left carpal tunnel release. Conservative treatment with bracing was recommended for her left cubital tunnel syndrome and left lateral epicondylitis. On 08-17-2015, Utilization Review non-certified pre-op: pregnancy test, PT-PTT, chest x-ray, EKG and additional cardiac clearance if EKG abnormal and certified open left carpal tunnel release, post-op occupational therapy left wrist-hand 2 x 4 and a complete blood cell count. According to an orthopedic qualified medical evaluation dated 04-14-2015, major illnesses included strep

throat and chickenpox as a child. High blood pressure was diagnosed in 2002. Asthma-chronic obstructive pulmonary disease was diagnosed in 2012. The injured worker reported that she was hospitalized with asthma in 2013 and 2014, four days on each occasion. According to a report dated 05-29-2015, the injured worker's past medical history was benign. Allergies included Rocephin. She denied a bleeding disorder, anticoagulant medication or exposure to hepatitis or HIV. Social history included smoking 7 to 10 cigarettes per day for 25 years and occasional consumption of alcohol. Review of systems was negative for headaches, dizziness, imbalance, diminished hearing, difficulty with memory and concentration, fainting, seizures and incontinence.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

### **Pre-op pregnancy test: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bull Hosp Jt Dis (2013). 2014; 72 (2): 164-6. Cost benefit analysis of same day pregnancy tests in elective orthopaedic surgery. Hutzler L, Kraemer K, Palmer N, Albert D, Bosco JA.

**Decision rationale:** Preoperative pregnancy test: According to a study by Hutzler et al, "Routinely performing urine hCG pregnancy tests on the day of surgery is a cost effective method of preventing elective orthopaedic surgery on pregnant women. Of 4,723 women tested 7 had a positive result and 1 had a false negative result. The cost of \$1,005.32 for each positive test must be compared with the benefit of not performing elective surgery on a pregnant female." Pregnancy test is medically necessary for this female of childbearing age.

### **Pre-op PT/PTT: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Low Back updated 5/15/15.

**Decision rationale:** 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 impact 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. The neurologist's note from May 2015 indicates that the patient does not have any bleeding tendencies. The requested coagulation studies are not medically necessary.

**Pre-op 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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Low Back updated 5/15/15.

**Decision rationale:** 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. The patient is in her usual state of health. She is not at risk for postoperative pulmonary complications from her hand surgery. Therefore, the request is not medically necessary.

**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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Low Back updated 5/15/15.

**Decision rationale:** 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. The patient is undergoing low risk surgery, and the records do not document any cardiac risk factors therefore the treatment is not medically necessary.

**Pre-op additional cardiac clearance if EKG abnormal: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Low Back updated 5/15/15.

**Decision rationale:** 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. In this case, the neurologist note from May 2015

indicates that her past history is benign. She does not have any history or exam findings of cardiac disease. Preoperative clearance is not medically necessary.