

Case Number:	CM15-0180925		
Date Assigned:	09/29/2015	Date of Injury:	06/07/2011
Decision Date:	12/04/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/14/2015

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: California, Indiana, Oregon
 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 31-year-old male who sustained an industrial injury on June 07, 2011. A recent primary treating office visit dated August 31, 2015 reported subjective complaint of "pain returned back to normal pain level", after having had an injection last month with note of getting 6 days of relief and the sixth day brought "severe excruciating pain, worsened, than previously." This pain "lasted for days" and he had to take "more pain medication than usual to help improve the pain." He is still working two jobs typically between 40 and 50 hours a week. The following diagnoses were applied to this visit: wrist joint inflammation along the radioscaphoid joint; tenosynovitis status post release and chronic pain syndrome. The plan of care noted: surgery authorized and scheduled for September 28, 2015 with pre-operative clearance appoint prior: continue medications: Norco, Trazadone, Celebrex, Aciphex, Neurontin, Tramadol ER. Primary follow up dated September 23, 2014 reported subjective complaint of left wrist pain. Of note, there was prior request for surgery to the left wrist that was denied. He has undergone radial arthroscopy and styloidectomy. On August 13, 2015, a request was made for pre-operative clearance including laboratory work and chest radiography, medications, Gabapentin, Ondansetron and Augmentin, and Polar care unit which was denied by Utilization review on August 19, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op clearance - history and physical: 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 Official Disability Guidelines (ODG) Low Back Chapter.

Decision rationale: The CA MTUS/ACOEM Guidelines are silent on the issue of preoperative clearance and testing. According to the Official Disability Guidelines, preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. The Official disability Guidelines states, that 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. Based on the information provided for review, there is no indication of any of these clinical scenarios present in this case. In this case the patient is healthy without comorbidities or physical examination findings concerning to warrant preoperative testing prior to the proposed surgical procedure. Therefore, the request is not medically necessary.

Pre-op clearance - CBC and CMP: 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 Official Disability Guidelines (ODG) Low Back Chapter.

Decision rationale: The CA MTUS/ACOEM Guidelines are silent on the issue of preoperative clearance and testing. According to the Official Disability Guidelines, preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. The Official disability Guidelines states, that 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. Based on the information provided for review, there is no indication of any of these clinical scenarios present in this case. In this

case the patient is healthy without comorbidities or physical examination findings concerning to warrant preoperative testing prior to the proposed surgical procedure. Therefore, the request is not medically necessary.

Pre-op clearance - 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 Official Disability Guidelines (ODG) Low Back Chapter.

Decision rationale: The CA MTUS/ACOEM Guidelines are silent on the issue of preoperative clearance and testing. According to the Official Disability Guidelines, preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. The Official disability Guidelines states, that 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. Based on the information provided for review, there is no indication of any of these clinical scenarios present in this case. In this case the patient is healthy without comorbidities or physical examination findings concerning to warrant preoperative testing prior to the proposed surgical procedure. Therefore, the request is not medically necessary.

Pre-op clearance - 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 Official Disability Guidelines (ODG) Low Back Chapter.

Decision rationale: The CA MTUS/ACOEM Guidelines are silent on the issue of preoperative clearance and testing. According to the Official Disability Guidelines, preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. The Official disability Guidelines states, that 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. Based on the information provided for review, there is no indication of any of these clinical scenarios present in this case. In this

case the patient is healthy without comorbidities or physical examination findings concerning to warrant preoperative testing prior to the proposed surgical procedure. Therefore, the request is not medically necessary.

Polar care - 21-day rental: 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 Official Disability Guidelines (ODG) Forearm, Wrist and Hand Chapter.

Decision rationale: The CA MTUS/ACOEM Guidelines are silent on the issue of cryotherapy for the hand. According to the Official Disability Guidelines, cryotherapy is recommended for up to seven days post-operatively. The definition of DME in the same reference states that the units can typically be rented and used by consecutive patients. In this case, the request exceeds the recommended duration. Therefore, the request is not medically necessary.

Amox-Clavulanate 875/125mg, #40: 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 American Family Physician Journal, 2002 July 1; 66 (1): 119-125, Common bacterial skin infections, Stulberg DL, Penrod MA, Blatny RA.

Decision rationale: The CA MTUS/ACOEM and ODG are silent on the issue of antibiotic use. An alternative guideline was utilized. According to the American Family Physician Journal, antibiotics are used to treat skin infections and minor wound infections. It was found from a review of the medical record submitted of no evidence of a wound infection to warrant antibiotic prophylaxis. The request the antibiotic is therefore not medically necessary and appropriate.

Gabapentin 600mg, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: According to the Chronic Pain Treatment Guidelines, Neurontin is indicated for diabetic painful neuropathy and postherpetic neuralgia and is considered first line treatment for neuropathic pain. In this case, the exam note does not demonstrate evidence

neuropathic pain or demonstrate percentage of relief, the duration of relief, increase in function or increased activity. Therefore, the request is not medically necessary.

Ondansetron 8mg, #20: 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 Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The CA MTUS/ACOEM Guidelines are silent on the issue of Zofran for postoperative use. According to the Official Disability Guidelines, Ondansetron (Zofran) is not recommended for nausea and vomiting secondary to chronic opioid use. In this case, the submitted records demonstrate no evidence of nausea and vomiting or increased risk for postoperative issues. Therefore, the request is not medically necessary.