

Case Number:	CM15-0192010		
Date Assigned:	10/06/2015	Date of Injury:	06/23/2015
Decision Date:	11/19/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/29/2015

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

Certification(s)/Specialty: Orthopedic Surgery, Hand Surgery, Sports Medicine

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 44 year old male who sustained an industrial injury on 6-23-15. The injured worker reported right wrist discomfort. A review of the medical records indicates that the injured worker is undergoing treatments for right wrist injury. Medical records dated 8-12-15 indicate the injured worker is "unable to do any moderate activities with the wrist without re-injuring it and having increased pain and problems." Provider documentation dated 6-29-15 noted the work status as return to modified work 6-29-15. Treatment has included status post radial styloidectomy, radiographic studies and physical therapy. Objective findings dated 8-12-15 were notable for "markedly tender throughout, both on the radial side and dorsal side of the wrist." The original utilization review (9-1-15) partially approved a request for Preoperative History & Physical, Preoperative CMP (comprehensive metabolic panel) and Post-operative custom orthosis for right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Preoperative History & 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: Low Back - Preoperative testing, general; Preoperative, lab testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Preoperative Testing Before Noncardiac Surgery: Guidelines and Recommendations MOLLY A. FEELY, MD; C. SCOTT COLLINS, MD; PAUL R. DANIELS, MD; ESAYAS B. KEBEDE, MD; AMINAH JATOI, MD; and KAREN F. MAUCK, MD, MSc, Mayo Clinic, Rochester, Minnesota Am Fam Physician. 2013 Mar 15; 87 (6): 414-418.

Decision rationale: This is a request for a pre-operative history and physical before planned wrist fusion. The California MTUS does not address pre-operative testing. A pre-operative history and physical is required of the treating surgeon and is part of the global surgical package as only the treating surgeon can appropriately discuss the details of the proposed surgery, possible complications and alternative treatment options so the patient can make an appropriate informed decision whether to proceed with surgery. This is presumably a request for someone other than the treating surgeon to perform a history and physical in addition to the surgeon's. However there is no documentation why such additional evaluation is deemed to be necessary and no medical evidence that a second history and physical by another provider would alter the risks of the proposed surgery. Therefore the request for a second pre-operative history and physical by someone other than the treating surgeon is not medically necessary.

Preoperative CMP (comprehensive metabolic panel): 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 - Preoperative testing, general; Preoperative, lab testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Preoperative Testing Before Noncardiac Surgery: Guidelines and Recommendations MOLLY A. FEELY, MD; C. SCOTT COLLINS, MD; PAUL R. DANIELS, MD; ESAYAS B. KEBEDE, MD; AMINAH JATOI, MD; and KAREN F. MAUCK, MD, MSc, Mayo Clinic, Rochester, Minnesota Am Fam Physician. 2013 Mar 15; 87 (6): 414-418.

Decision rationale: This is a request for blood testing before wrist fusion surgery. The California MTUS does not address preoperative testing. An extensive systematic review referenced above concluded that there was no evidence to support routine preoperative testing. More recent practice guidelines recommend testing in select patients guided by a perioperative risk assessment based on pertinent clinical history and examination findings, although this recommendation is based primarily on expert opinion or low-level evidence. In this case, there is no documented medical history to support the need for the requested evaluation; rather, records indicate the injured worker underwent surgery on the same wrist on September 10, 2013 without medical or anesthetic complications. Therefore, the request is not medically necessary.

Post operative custom orthosis for right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, Wrist & Hand.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Green's Operative Hand Surgery, 6th ed. Chapter 14, Arthroplasty and Arthrodesis of the Wrist.

Decision rationale: This is a request for a custom splint to be used after planned wrist fusion surgery. Details of surgical treatment and aftercare are beyond the scope of the California MTUS guidelines. Such surgery and aftercare are thoroughly described in the specialty text referenced. Following surgery, temporary external support with a splint fashioned by the surgeon, a cast or an off-the-shelf splint is typically performed. There is no medical evidence custom splints are superior to off-the-shelf splints or casts and custom splints are not typically fabricated in this clinical scenario as it would add inconvenience to the patient compared to a off-the-shelf splint or cast. There is no medical documentation to support the somewhat unusual request for a custom splint which is not medically necessary.