

Case Number:	CM15-0200439		
Date Assigned:	10/15/2015	Date of Injury:	08/27/2009
Decision Date:	11/24/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/13/2015

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: Illinois, California, Texas
 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:

This injured worker is a 57-year-old male who sustained an industrial injury on 8/27/09. Injury occurred when he fell getting into a shuttle vehicle, landing on his left wrist. Past medical history included hypertension, hypercholesterolemia, and myocardial infarction. Past surgical history was positive for stent implantation in 2004, left DeQuervain's release in 2011 and left wrist arthroscopic debridement in 2012. Social history was positive for current every day smoking. The injured worker had been diagnosed with tenosynovitis and treated with activity modification, diclofenac gel, injections, and therapy. The 9/22/15 treating physician report cited persistent left radial volar wrist pain. Physical exam documented tenderness over the left flexor carpi ulnaris at the wrist crease. He had a left flexor carpi radialis tendon sheath injection with a few weeks of relief, but pain had now returned. The injured worker was left hand dominant. He was off work. Authorization was requested for a left flexor carpi radialis tenovagotomy with associated surgical services to include pre-operative chest x-ray, EKG, and labs including basic metabolic panel (BMP) and complete blood count (CBC). The 10/5/15 utilization review certified the requested left hand surgery with associated EKG and BMP lab test. The associated requests for chest x-ray and CBC were non-certified as there was no indication for this test based on the complexity of this surgery and in the absence of disease or a history that would lead one to further workup.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op Chest xray: 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 ACR Appropriateness Criteria® routine admission and preoperative chest radiography. Reston (VA): American College of Radiology (ACR); 2011. 6 p.

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines state that routine pre-operative chest radiographs are not recommended except when acute cardiopulmonary disease is suspected on the basis of history and physical examination., or there is a history of stable chronic cardiopulmonary disease in an elderly patient (older than age 70) without a recent chest radiograph within the past six months. Middle-aged males with a history of cardiac disease and smoking have known increased medical/cardiac risk factors to support the medical necessity of pre-procedure chest x-ray. Guideline criteria have been met based on patient age, comorbidities, smoking, and the risks of undergoing anesthesia. Therefore, this request is medically necessary.

Preop lab: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. Anesthesiology 2012 Mar; 116(3): 522-38.

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that most laboratory tests are not necessary for routine procedures unless a specific indication is present. Indications for such testing should be documented and based on medical records, patient interview, physical examination, and type and invasiveness of the planned procedure. Middle-aged males with a history of cardiac disease and smoking have known increased medical/cardiac risk factors to support the medical necessity of a pre-operative complete blood count. Guideline criteria have been met based on patient age, comorbidities, smoking, plausible long-term non-steroidal anti-inflammatory use, and the risks of undergoing anesthesia. Therefore, this request is medically necessary.