

<b>Case Number:</b>	CM15-0207697		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	05/20/2015
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	10/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 50 year old female who sustained an industrial injury on 5-20-15. She is working. The medical records indicate that the injured worker was being treated for hyperextension injury to the right hand; de Quervain's stenosing tendovaginitis first extensor compartment, right wrist; probable ganglion cyst radial aspect of right wrist; probable trigger digit right middle finger; diabetes. She currently (9-25-15) complains of right hand pain with a pain level of 7 out of 10 with constant numbness and tingling. The pain increases with use. She has difficulty with activities of daily living like brushing her hair, cooking. She has decreased right hand strength. On physical exam of the right hand there was a movable mass resembling a ganglion cyst that was tender to palpation, there was full active wrist and hand motion, there was tenderness of the first extensor wrist compartment, over the flexor sheath of the right middle finger and positive Finkelstein's test. Diagnostics include x-ray of the right wrist, hand (9-25-15) normal. Treatments to date include physical therapy without benefit per 9-25-15 note; carpal tunnel brace; modified work restrictions; medications: Tylenol, ibuprofen; right middle finger injection (9-25-15). In the 9-25-15 progress note the treating provider recommended an excisional biopsy of the mass on the radial aspect of the right wrist. The request for authorization was not present. On 10-9-15 Utilization Review non-certified the requests for pre-operative clearance; associated surgical services electrocardiogram; associated surgical services hemoglobin A1C.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-op clearance:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.guideline.gov/content.aspx?id=48408>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pre-operative clearance.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The ODG recommends pre-operative clearance for risk stratification and post-surgical management. The type of clearance depends on type of surgery and the patient's comorbid conditions. The patient will be undergoing wrist surgery and tendon repair. Therefore, routine pre-operative clearance is medically necessary.

**Associated surgical service: 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 (ODG), Low Back (updated 009/22/15) Online Version.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pre-operative clearance.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The ODG recommends pre-operative clearance for risk stratification and post-surgical management. The type of clearance depends on type of surgery and the patient's comorbid conditions. The patient will be undergoing wrist surgery and tendon repair. The patient however is not undergoing a high-risk procedure and has no documented cardiac risk factors. Therefore, EKG is not medically necessary.

**Associated surgical service: HG A1C:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back (updated 09/22/15) Online Version.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pre-operative clearance.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The ODG recommends pre-operative clearance for risk stratification and post-surgical management. The type of clearance depends on type of surgery and the patient's comorbid conditions. The patient will be undergoing wrist surgery and tendon repair. The patient does not have documented uncontrolled diabetes. Therefore, hemoglobin A1C is not medically necessary.