

Case Number:	CM15-0207917		
Date Assigned:	10/26/2015	Date of Injury:	05/17/2013
Decision Date:	12/10/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	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: Maryland, Virginia, North Carolina
Certification(s)/Specialty: Plastic 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 61 year old male, who sustained an industrial injury on 5-17-2013. The medical records indicate that the injured worker is undergoing treatment for right hand possible carpal tunnel syndrome, stiffness in the right middle and ring finger with possible trigger finger, and painful scapholunate area in the right wrist, possible impaction syndrome. According to the progress report dated 9-8-2015, the injured worker presented with complaints of right wrist pain associated with weakness in the index and middle finger. The physical examination of the right wrist reveals positive Tinel to the median distribution. The current medications are Prilosec and Ibuprofen. Previous diagnostic studies include x-rays, electrodiagnostic testing, and MRI studies. Treatments to date include medication management and right wrist injection. Work status is not indicated. The treatment plan included right carpal tunnel release and associated services. The original utilization review (10-12-2015) partially approved a request for preoperative internal medicine consult (original request was for preoperative internal medicine consult and treat until cleared).

IMR ISSUES, DECISIONS AND RATIONALES

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

Preoperative Internal Medicine Consult and Treat until cleared: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, Consultations, page 127anf the Official Disability Guidelines (ODG); Evaluation and Management (E&M).

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 pain, Preoperative testing, general.

Decision rationale: The patient is a 61 year old male with a history of hypertension who was certified for a right carpal tunnel release, as well as preoperative CXR, EKG and laboratory studies. A preoperative Internal Medicine consult and treat until clear had been requested but was modified to only the consult. Based on the entirety of the medical record the patient is not noted to have evidence of significant illness other than hypertension that would require extensive work-up and follow-up. However, a preoperative history and physical examination may necessary to stratify the patient's risk and determine if further medical testing is necessary. From ODG guidelines and as general anesthesia is likely to be performed, preoperative testing should be as follows: An alternative to routine preoperative testing for the purposes 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. However, the request was for a preoperative consult and treat until clear. Thus, additional treatment until cleared for surgery would be premature and exceed the necessary guidelines. Further treatment could be considered following the evaluation of the consultant. Therefore, the request for preoperative Internal Medicine consult and treat until clear should not be considered medically necessary.