

<b>Case Number:</b>	CM15-0022811		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	09/20/2013
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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 59-year-old man sustained an industrial injury on 9/20/13, due to repetitive lifting and unloading. Records indicate the patient is a current every day smoker. Past medical history was reported negative. Past surgical history included prior hand surgery x 2. Conservative treatment included anti-inflammatory medications, multiple corticosteroid injections, and use of splint. Radiographs on 10/20/14 demonstrated pantrapezial arthritis and scaphotrapezotrapezoidal joint arthrosis. The 1/21/15 treating physician report cited pain and the base of the right thumb. Physical exam documented a step-off deformity of the right thumb, positive grind test, and hyperextension of the metocarpophalangeal joint 40 degrees. The treatment plan recommended excision of the trapezium and distal trapezoid and a flexor carpi radialis tenodesis combined with a fusion of the metocarpophalangeal joint of the thumb. Requests were also submitted by for post-operative physical therapy x 12 and pre-operative electrocardiogram (EKG) and non-specified laboratories. On 1/29/2015, utilization review certified the surgical request and post-op physical therapy x 12. The request for pre-operative EKG and laboratories was modified to include EKG, chest x-ray, complete blood count (CBC), basic metabolic panel (BMP), and PT/PTT. The UR physician noted due to the surgery, a standard risk stratification and optimization of labs should be done. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was modified and subsequently appealed to Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Preoperative electrocardiograph:** 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, Preoperative electrocardiogram

**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 state that an EKG may be indicated for patients with known cardiovascular risk factors or for patients with risk factors identified in the course of a pre-anesthesia evaluation. The 1/29/15 utilization review modified a general request for pre-operative EKG and laboratories and certified the requested pre-operative EKG based on a standard risk stratification. Additional certification of this request is not required. Therefore, this request is not medically necessary.

**Preoperative labs:** 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), Preoperative lab testing

**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. The 1/29/15 utilization review modified a general request for pre-operative EKG and laboratories and certified pre-operative EKG, chest x-ray, complete blood count (CBC), basic metabolic panel (BMP), and PT/PTT based on a standard risk stratification. There is no compelling reason presented to support the medical necessity of additional and non-specific pre-operative testing beyond what has been certified. Therefore, this request is not medically necessary.