

Case Number:	CM15-0025582		
Date Assigned:	02/18/2015	Date of Injury:	11/02/2010
Decision Date:	03/31/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/10/2015

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 41 year old male, who sustained an industrial injury on November 2, 2010. He has reported right thumb numbness and lower back pain. The diagnoses have included carpal tunnel syndrome and disc protrusion of the cervical and lumbar spine. Treatment to date has included medications and imaging studies. A progress note dated January 21, 2015 indicates a chief complaint of continued right thumb numbness and lower back pain. Physical examination showed good motion of the right thumb, and cervical and lumbar spine tenderness. The treating physician requested carpal tunnel release surgery for the right wrist and preoperative clearance. Review of systems from 10/13/14 were positive for blurred vision, shortness of breath, headache, dizzy spells, tired and sluggish. On January 29, 2015 Utilization Review certified the request for the carpal tunnel release surgery and denied the request for preoperative clearance citing the California Medical Treatment Utilization Schedule American College of Occupational and Environmental Medicine Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Related to surgery: Pre-operative clearance: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Chapter: Low Back pain, preoperative testing, general

Decision rationale: As the procedure was considered medically necessary, and general anesthesia will most likely be performed, a preoperative medical clearance is consistent with ODG, preoperative testing as follows: An alternative to routine preoperative testing for the purpose 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. Previous examination noted a positive review of systems that could suggest an underlying illness that had not previously been identified. Thus, preoperative medical clearance should be considered medically necessary. The UR stated that it is the job of the surgeon to perform the history and physical examination. Given these review of systems findings, it is reasonable to perform a history and physical examination(possibly by another physician) that may clear the patient for surgery or provide additional information to direct further testing as recommended by ODG.