

Case Number:	CM15-0034496		
Date Assigned:	03/02/2015	Date of Injury:	06/20/2014
Decision Date:	04/14/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/23/2015

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: Minnesota, Florida
 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:

The injured worker is a 52-year-old female, who sustained an industrial injury on June 20, 2014. The injured worker had reported a neck injury. The diagnoses have included a cervical strain and right thoracic outlet syndrome. Treatment to date has included medication, Toradol injection, cervical epidural steroid injections and physical therapy. Current documentation dated January 20, 2015 notes that the injured worker had worsening symptoms and was authorized to have a right thoracic outlet surgery. The injured worker had atrophy noted in the right arm and hand, poor grip strength and a positive Allen's and Adson's test. On February 9, 2015 Utilization Review non-certified a request for a pre-operative pulmonary function test and modified a request for labs: complete blood count, urinalysis, pro time, partial thromboplastin time and chemistry twelve. The Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative Pulmonary Function test: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment Index, 9th edition: Preoperative labs, EKG, chest x-rays.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Low Back, Topic: Pre-operative testing, general.

Decision rationale: ODG guidelines recommend preoperative laboratory testing for specific criteria. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change preoperative management. Pulmonary function tests are therefore necessary as the patient is undergoing surgery for thoracic outlet syndrome with possibility of pulmonary complications. As such, the request for pulmonary function tests is supported and the medical necessity has been substantiated.

Labs: Prothrombin time (PT) and Partial Thromboplastin time (PTT): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment Index, 9th edition: Preoperative labs, EKG, chest x-rays.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Low Back, Topic: Pre-operative lab testing.

Decision rationale: ODG guidelines recommend coagulation studies for patients with a history of bleeding or medical conditions that predispose them to bleeding and for those taking anticoagulants. A review of the medical records indicates no history of bleeding disorder. There is no history of taking anticoagulants. There is also no history of medical conditions that would predispose the IW to bleeding. As such, the request for prothrombin time and partial thromboplastin time is not supported by guidelines and the medical necessity has not been substantiated.