

Case Number:	CM15-0038232		
Date Assigned:	04/09/2015	Date of Injury:	07/10/2013
Decision Date:	05/06/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/27/2015

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: California

Certification(s)/Specialty: Orthopedic Surgery, Hand Surgery, Sports Medicine

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 56 year old male with an industrial injury dated 07/10/2013. His diagnosis is carpal tunnel syndrome. Prior treatments include diagnostic studies showing right carpal tunnel syndrome, anti-inflammatory medications, pain medication and diagnostic studies. An October 15, 2014 report notes he is in good health and a non-smoker. In the progress note dated 12/16/2014 the injured worker presented with pain in right wrist with tingling and pain in the fingers of his right hand. He stated he was losing grip strength. Duration of symptoms is documented as "about" a year. Physical exam of the right-hand revealed severe atrophy of the interosseous muscles and decreased sensation in the flexor aspect of all fingers. Interosseous muscle strength was very weak. There was slight tenderness at the right thumb. The provider documents severe neurologic deficit in the right upper extremity and notes it is caused by a severe carpal tunnel syndrome and ulnar nerve compression at both the right wrist and the right elbow. Treatment included surgery for carpal tunnel release on February 25, 2015. Requested pre-operative diagnostic testing included a chest x-ray.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-Operative Chest X-Ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Preoperative testing, general.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Expert Reviewer based his/her decision on the Non- MTUS Preoperative Testing Before Non-cardiac Surgery: Guidelines and Recommendations Molly A. Feely, MD; C. Scott Collins, MD; Paul R. Daniels, MD; Esayas B. Kebede, MD; Aminah Jatoi, MD; and Karen F. Mauck, MD, MSc, Mayo Clinic, Rochester, Minnesota Am Fam Physician. 2013 Mar 15; 87(6):414-418.

Decision rationale: An extensive systematic review in the guideline referenced above concluded that there was no evidence to support routine preoperative testing. More recent practice guidelines continue to recommend testing in select patients guided by a perioperative risk assessment based on pertinent clinical history and examination findings, although this recommendation is based primarily on expert opinion or low-level evidence. In this case, there is no medical history supporting the need for a chest x-ray. Therefore, the request is not medically necessary.