

Case Number:	CM15-0038847		
Date Assigned:	03/09/2015	Date of Injury:	11/01/2013
Decision Date:	04/14/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	03/02/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 38 year old female, who sustained an industrial injury on November 1, 2013. She reported repetitive use injury of both wrists. The injured worker was diagnosed as having extensor tendinitis bilateral wrists, and carpal tunnel syndrome. Treatment to date has included medications, physical therapy, imaging, and electrodiagnostic studies. Currently, the injured worker complains of worsening wrist pain. Physical findings revealed tenderness and full range of motion of both wrists. The wrist range of motion is noted as: extension 65 degrees, flexion 75 degrees, ulnar deviation 20 degrees, and radial deviation 15 degrees. The records indicate electrodiagnostic studies from October 2014 were unremarkable, and cervical spine x-rays from July 2014 were within normal limits. A magnetic resonance imaging of the right and left upper extremities from January 2015 revealed tearing at the right triangular fibrocartilage complex, and left side enlarged median nerve in the carpal tunnel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Preop Medical Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

Decision rationale: Per the ACOEM general guidelines preoperative clearance is suggested in patients at high risk for complications due to surgery or are classified as high risk surgical candidates. In this case, the request for surgical intervention has been denied. Therefore the need for any type of preoperative work up is not necessary. Therefore, the request is not certified.

Blood work (CBC, BMP, UA, PT, PTT): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

Decision rationale: Per the ACOEM general guidelines preoperative clearance is suggested in patients at high risk for complications due to surgery or are classified as high risk surgical candidates. In this case, the request for surgical intervention has been denied. Therefore, the need for any type of preoperative work up is not necessary. Therefore, the request is not certified.

Chest X-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

Decision rationale: Per the ACOEM general guidelines preoperative clearance is suggested in patients at high risk for complications due to surgery or are classified as high risk surgical candidates. In this case, the request for surgical intervention has been denied. Therefore, the need for any type of preoperative work up is not necessary. Therefore, the request is not certified.

Electrocardiogram (EKG): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

Decision rationale: Per the ACOEM general guidelines preoperative clearance is suggested in patients at high risk for complications due to surgery or are classified as high risk surgical

candidates. In this case, the request for surgical intervention has been denied. Therefore the need for any type of preoperative work up is not necessary. Therefore the request is not certified.