

Case Number:	CM15-0044630		
Date Assigned:	03/16/2015	Date of Injury:	05/15/2014
Decision Date:	04/22/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/09/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 (IW) is a 21 year old female, who sustained an industrial injury on 5/15/2014. She has reported cumulative trauma to right upper extremity/wrist/hand. The diagnoses have included right lateral epicondylitis. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), steroid injections, physical therapy and a splint. Currently, the IW complains of worsening pain over right elbow with numbness and tingling radiating to right little finger. The physical examination from 1/12/15 documented severe tenderness over the right lateral epicondyle with soft tissue atrophy. The plan of care included to undergo a right lateral epicondylectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op lab/medical clearance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://guideline.gov/summary/summary.aspx?doc_id=12973&nbr=006682.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Preoperative testing, general. <http://www.odg-twc.com/index.html>Preoperative lab testing<http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG guidelines, pre op testing: “See Preoperative electrocardiogram (ECG); & Preoperative lab testing. Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity.” The patient was approved for right epicondylectomy and his condition requires preop melab/medical clearance. Therefore the request is medically necessary.