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| Case Number: | CM15-0048997 | | |
| Date Assigned: | 03/20/2015 | Date of Injury: | 02/10/2015 |
| Decision Date: | 07/07/2015 | UR Denial Date: | 03/05/2015 |
| Priority: | Standard | Application Received: | 03/16/2015 |

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:

This is a 64 year old female with a February 10, 2015 date of injury. A progress note dated March 2, 2015 documents subjective findings (left wrist pain after a fall; pain rated at a level of 8/10), objective findings (decreased range of motion of the left wrist due to pain and stiffness; tenderness to palpation in the anatomical snuffbox as well as over the scaphoid tubercle; severely positive grinding test at the base of the thumb carpometacarpal joint with a hyperextension deformity of the thumb metacarpophalangeal joint), and current diagnoses (closed fracture of the scaphoid bone of the left wrist). Treatments to date have included x-rays of the left wrist (second series done on March 2, 2015; showed severe arthritic changes at the base of the thumb carpometacarpal joint with a non-displaced scaphoid distal pole fracture), and splinting. The treating physician documented a plan of care that included left wrist surgery and associated services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Open Reduction Internal Fixation Left Scaphoid Fracture: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist & Hand, Open Reduction Internal Fixation (ORIF).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Green's Operative Hand Surgery, 6th ed., Chapter 18 Fractures of the Carpal Bones Pages 639-707.

Decision rationale: In this case, the injured worker is a 57-year-old right hand dominant diabetic woman who fell on February 10, 2015 sustaining a non-displaced distal pole scaphoid fracture in her non-dominant wrist adjacent to a severely arthritic thumb. The treatment of such injuries is beyond the scope of the CA MTUS, but is discussed in detail in the specialty text referenced, which notes on page 644, "Distal pole and tubercle fracture of the scaphoid are generally treated non-operatively. The distal pole of the scaphoid is well vascularized, and distal scaphoid pole fractures have a high rate of union after 6-8 weeks" of immobilization. Surgical risks would be increased by the patient's diabetes. Surgery is not medically necessary.

Pre-Operative Basic Metabolic Panel, HGA1c: 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 Lab Testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Preoperative Testing Before Noncardiac Surgery.

Decision rationale: An extensive systematic review referenced above concluded that there was no evidence to support routine preoperative testing. More recent practice guidelines 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, of a 57-year-old diabetic patient, a basic metabolic panel and HgA1c would be reasonable before elective surgery, but as the surgery is not needed the testing is also determined to be not medically necessary.

Pre-Operative EKG: 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, Criteria for Preoperative electrocardiogram (ECG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Preoperative Testing Before Noncardiac Surgery.

Decision rationale: An extensive systematic review referenced above concluded that there was no evidence to support routine preoperative testing. More recent practice guidelines 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, of a 57-year-old diabetic patient, an EKG would be reasonable before elective surgery, but as the surgery is not needed the EKG is also determined to be not medically necessary.