

Case Number:	CM15-0049428		
Date Assigned:	03/23/2015	Date of Injury:	12/04/2008
Decision Date:	05/01/2015	UR Denial Date:	02/18/2015
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: Physical Medicine & Rehabilitation

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 68 year old female, who sustained an industrial injury on December 4, 2008. The injured worker had reported wrist and hand pain. The diagnoses have included left carpal tunnel syndrome with tendinitis, hypertension and status post right carpal tunnel release. Treatment to date has included medications and a home exercise program. Current documentation dated February 6, 2015 notes that the injured worker reported continued pain, numbness and tingling of the left hand. Physical examination of the left wrist revealed tenderness, decreased sensation and a positive Tinel's test. The documentation notes that the injured worker was required to have a Cardiolute test as part of a pre-operative clearance for an upcoming left carpal tunnel release. The treating physician's plan of care included a request for a Cardiolute test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cardiolute Test: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines Title 8, Effective July 18, 2009 Page(s): 6.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, medical clearance.

Decision rationale: This patient presents with left wrist and hand pain. The current request is for Cardiolute Test. Drugs.com states "A Cardiolute stress test takes pictures of your heart muscles and arteries (blood vessels). This test will be done while you exercise. Exercise makes your heart work harder. This test will show caregivers how your heart performs when it needs to work hard. This is a type of nuclear medicine scan that is also called cardiac imaging". The ACOEM, MTUS and ODG guidelines do no specifically discussion Cardiolute test. However, ODG-TWC, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter discusses medical clearance and states, "Routine preoperative tests are defined as those done in the absence of any specific clinical indication or purpose and typically include a panel of blood tests, urine tests, chest radiography, and an electrocardiogram (ECG). These tests are performed to find latent abnormalities, such as anemia or silent heart disease that could impact how, when, or whether the planned surgical procedure and concomitant anesthesia are performed. It is unclear whether the benefits accrued from responses to true-positive tests outweigh the harms of false-positive preoperative tests and, if there is a net benefit, how this benefit compares to the resource utilization required for testing. An alternative to routine preoperative testing for the purpose of determining fitness for anesthesia and identifying patients at high risk of postoperative complications may be to conduct a history and physical examination, with selective testing based on the clinician's findings." The treating physician has recommended a left carpal tunnel release and is requesting pre-operative clearance including a Cardiolute test. Progress report dated 03/10/15 states that the CTR surgery has been authorized. The Utilization review denied the request stating that subjective and objective findings do not support the medical necessity. ODG guidelines does support pre op evaluations to determine what is needed for pre-operative assessment. In this case, the request for carpal tunnel surgery has not been authorized; therefore pre-op clearance is not medically necessary.