

Case Number:	CM15-0088388		
Date Assigned:	05/12/2015	Date of Injury:	02/09/2011
Decision Date:	06/12/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/07/2015

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: Emergency 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 40-year-old male, who sustained an industrial injury on February 9, 2011. He reported getting his right extremity caught in a roller, resulting in a near amputation of his right upper extremity at the mid humeral level. The injured worker was diagnosed as having traumatic amputation arm/hand, brachial vessels injury, cervical disc displacement, rupture of artery, injury to ulnar nerve, injury to radial nerve, injury to musculocutaneous nerve, shoulder/arm sprain, and injury to median nerve. Treatment to date has included multiple right upper extremity surgical interventions, x-rays, MRIs, wound-vac, e-stim, occupational therapy, and medication. Currently, the injured worker complains of chronic pain and difficulty using the right upper extremity. The Treating Physician's report dated April 17, 2015, noted that the injured worker was noted to be able to extend the right elbow without the ability to flex, with minimal function of his right hand. The injured worker was noted to not be a candidate for a free functional muscle transfer as he had very stiff joints of the right hand. The Physician noted the injured worker was waiting for insurance approval for an angiogram of the right upper extremity, after which he would be scheduled for a rotation of the right latissimus dorsi muscle to restore his elbow function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-angiography labs to include CBC, CMP, PT and PTT: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx>.

Decision rationale: The requested Pre-angiography labs to include CBC, CMP, PT and PTT, is not medically necessary. Pre Operative Clearance: CA Medical Treatment Utilization Schedule (MTUS), the American College of Occupational and Environmental Medicine (ACOEM) Occupational Medicine Practice Guidelines, APG I Plus, 2009 and ODG TWC; ODG Treatment; Integrated Treatment/Disability Duration Guidelines are silent regarding this request. <http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx> "Patients greater than age 40 require a CBC; males require an ECG if greater than age 40 and females if greater than age 50; this is for any type of surgery. b. Patients having major neurosurgical, abdominal, orthopedic, thoracic, cardiac, or vascular surgery usually require an ECG, CXR, lytes, bun, creatinine, LFT's, and PT/PTT. Refer to the preoperative form for lab testing indications for less major procedures. c. Patients having artificial material inserted (e.g. joint replacements) require a urine analysis and culture. d. Patients less than age 40 who are not in categories b or c do not require laboratory testing." The injured worker has chronic pain and difficulty using the right upper extremity secondary to traumatic amputation of the right upper extremity at the mid-humerus level and subsequent multiple surgeries. The treating physician has documented able to extend the right elbow without the ability to flex, with minimal function of his right hand. The injured worker was noted to not be a candidate for a free functional muscle transfer as he had very stiff joints of the right hand. The Physician noted the injured worker was waiting for insurance approval for an angiogram of the right upper extremity, after which he would be scheduled for a rotation of the right latissimus dorsi muscle to restore his elbow function. The injured worker is 40 years old, does not have documented significant co-morbid conditions and the treating physician has not documented the intended procedure as a major surgical event. The criteria noted above not having been met, Pre-angiography labs to include CBC, CMP, PT and PTT are not medically necessary.