

<b>Case Number:</b>	CM14-0125716		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	10/08/2012
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant is a 68 year old female injured in a work related accident on 10/8/12. The records indicate she was performing her customary job duties as a cafeteria helper when she injured her left upper extremity. The records provided for review pertinent to the claimant's left wrist included the Utilization Review determination authorizing approval for a left wrist flexor tenosynovectomy with carpal tunnel release. There are currently perioperative requests in this case to include the preoperative use of a chest x-ray, urinalysis and pulmonary function testing. Review of the medical records indicates that the claimant is status post "open heart surgery," is also utilizing antihypertensive medicines, and carries a diagnosis of diabetes. There was no documentation of a clinical issue in relationship to the claimant's pulmonary function.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chest x-ray:** 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 Procedure Summary; Criteria for preoperative lab testing

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004); Chapter 7 Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** California ACOEM Guidelines do not recommend a preoperative chest x-ray. The medical records document that the claimant is to undergo a carpal tunnel release and tenolysis procedure of the left wrist. Review of medical records fails to demonstrate any evidence of underlying pulmonary issue which would require a chest x-ray assessment. While the claimant is noted to be status post prior cardiac surgery and carries the diagnosis of hypertension and diabetes, there is no direct pulmonary issue for which preoperative chest x-ray would be necessary. Therefore the request is not medically necessary.

**(PFT) Pulmonary Function test:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pulmonary Procedure Summary; PFT

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** California ACOEM Guidelines also would not support pulmonary function testing in preparation for carpal tunnel release and tenolysis of the left wrist. The documentation does not identify that the claimant has any history of pulmonary disease or underlying pulmonary diagnosis for which pulmonary function testing would be required prior to this outpatient left upper extremity surgery. The request is not medically necessary.

**(UA) Urinalysis:** 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 Procedure Summary; Criteria for Preoperative lab testing

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** California ACOEM Guidelines do not support the request for a urinalysis prior to the claimant's left upper extremity surgery. The medical records do not document any history or indication for the need of a urinalysis prior to the outpatient left wrist surgery that is taking place. While the claimant is documented to have a history of diabetes, a fasting blood sugar could be more appropriate laboratory testing and has already been approved in the preoperative setting as part of the claimant's testing. Therefore, a urinalysis in this individual is not medically necessary.

