

Case Number:	CM14-0132003		
Date Assigned:	08/22/2014	Date of Injury:	02/01/2012
Decision Date:	10/24/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/18/2014

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 Arizona. 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 patient is a 34-year-old female with a date of injury of 2/1/2012. This patient sustained an injury to her hand which resulted in a neuroma of the superficial radial nerve and eighth complex regional pain syndrome. The patient has been authorized to have an exploration of the radial nerve and a transposition of the neuroma into bone. The surgeon requested electrocardiogram (EKG), chest x-ray and lab studies which also include a pregnancy test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op labs (CBC/PT/PTT/BMP-7/A/pregnancy test): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, preoperative for lab testing

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Insert Section (for example Knee)>, <Insert Topic (for example Total Knee Arthroplasty)> Other Medical Treatment Guideline or Medical Evidence: AMERICAN SOCIETY OF Anesthesiologists task force on preanesthetic evaluation, anesthesiology 96:487-496

Decision rationale: The Official Disability Guidelines state that preoperative testing should be based on the clinical history, comorbidities, and physical examination findings evaluation. Routine urinalysis is recommended for patients undergoing urological procedures and implantation of foreign material. Creatinine and electrolyte testing should be performed on patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal disease. This patient is taking hydrochlorothiazide which is a diuretic. A complete blood count is indicated for patients with diseases that increase her risk of anemia and in patients in whom significant preoperative blood loss is anticipated. This patient does not fall into this category. Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding and to those taking anticoagulants. This patient does not have any of these factors. Lastly, the American Society of Anesthesiologists task force on preanesthetic evaluation recommends routine pregnancy test on women of child bearing age. As final reviewer, I must take the request in its entirety and am not at liberty to itemize a request. Therefore, since according to the guidelines, electrolyte and creatinine testing should be performed on patients who are taking medication that predispose her to electrolyte abnormalities and since routine pregnancy testing is recommended by the American Society of Anesthesiologists, the medical necessity for this request has been established.

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, preoperative for electrocardiogram (ECG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, <preoperative ECG

Decision rationale: The California MTUS does not specifically address this problem. The Official Disability Guidelines state that preoperative EKG is recommended for high risk and intermediate wrist surgery in patients who have risk factors. It is not recommended for patients undergoing low risk procedures. According to the medical record, this patient has no signs or symptoms of active cardiovascular disease. Therefore according to the guidelines, the medical necessity for an EKG has not been established.

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, preoperative testing, general

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <low back, preoperative testing

Decision rationale: The Official Disability Guidelines states that a chest x-ray is recommended for patients at risk for postoperative pulmonary complications if the results would change perioperative management. This patient's medical record reveals no problems that would increase her risk of pulmonary complications. In addition, this is a low risk procedure. Therefore, according to the guidelines, the need for preoperative chest x-ray has not been established.