

<b>Case Number:</b>	CM14-0132299		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	04/21/2014
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 34-year-old female was reportedly injured on 21 April 2014. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated July 22, 2014, does not indicate the injured employee symptoms or contain a physical examination. A prior note dated June 19, 2014, includes complaints of numbness and tingling in the left greater than the right wrist as well as complaints of a left wrist volar mass. The physical examination noted a positive Tinel's test and Phalen's test on the left greater than right wrist. There is also a 6 mm x 1 cm mass at the left wrist flexor crease. Diagnostic nerve conduction studies of the upper extremities indicates severe bilateral carpal tunnel syndrome. Previous treatment includes a left radial tunnel injection. An MRI of the left wrist confirms a 1 cm cystic mass at the flexor crease. A left carpal tunnel release surgery is pending. A request had been made for a basic history and physical and was not certified in the pre-authorization process on August 11, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Basic H&P:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Treatment Workers Compensation (TWC)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low Back, Preoperative Testing, General, Updated August 22, 2014..

**Decision rationale:** The injured employee is stated to be approved for a left wrist surgical procedure. According to the official disability guidelines a decision to order preoperative testing should be guided by the patient's clinical history, comorbidities, and physical examination findings, indicating that a history and physical examination are a routine part of the preoperative evaluation. As such, this request for a basic history and physical is medically necessary.