

Case Number:	CM14-0162526		
Date Assigned:	10/07/2014	Date of Injury:	12/16/2010
Decision Date:	10/31/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/02/2014

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:

This 50-year-old male deputy sheriff sustained an industrial injury on 12/16/10. Injuries were reported due to the stress and strain of his employment. Past medical history was positive for hypertension, hypercholesterolemia, obesity, and type II diabetes. Past surgical history was positive for right carpal tunnel release and ulnar nerve transposition on 1/17/14, and bilateral knee replacement in March 2014. The patient was scheduled for a left cubital tunnel release with ulnar nerve transposition on 10/30/14. The 8/28/14 pre-operative assessment report indicated that the patient had no cardiac symptoms, a normal EKG, and great exercise tolerance. The patient would fall within a reasonable risk group for this type of surgery only if the labs and chest x-ray are within normal limits. The review of systems and physical exam were within normal limits, but for musculoskeletal pain, weakness and edema. Pre-operative lab testing was requested including complete blood count with differential/platelets, Prothrombin time and partial thromboplastin time, comprehensive metabolic panel, Human Immunodeficiency Virus (HIV), urinalysis complete with reflex to culture, hepatitis panel (HEP), MRSA culture screen, HgbA1c, chest x-ray, and EKG. No specific indications were provided to include the HIV and HEP testing. The 9/24/14 utilization review denied the requests for HIV and HEP testing as there were no documented indications to support the medical necessity of this testing. The request for an assistant surgeon was denied as not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

HIV and HEP testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS: 2010 Revision, Web Edition

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that most laboratory tests are not necessary for routine procedures unless a specific indication is present. Indications for such testing should be documented and based on medical records, patient interview, physical examination, and type and invasiveness of the planned procedure. Guidelines criteria have not been met for these tests. There is no specific medical indication provided for the inclusion of Human Immunodeficiency Virus (HIV) and hepatitis panel (HEP) testing in the pre-op evaluation of this patient. The pre-operative assessment report and provided medical records identified limited risk factors. There is no compelling reason to support the medical necessity of this pre-op testing in the absence of a specific indication. Therefore, this request is not medically necessary.

Assistant Surgeon: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS: 2010 Revision, Web Edition

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Centers for Medicare and Medicaid services, Physician Fee Schedule

Decision rationale: The California MTUS guidelines do not address the appropriateness of assistant surgeons. The Center for Medicare and Medicaid Services (CMS) provide direction relative to the typical medical necessity of assistant surgeons. The Centers for Medicare & Medicaid Services (CMS) has revised the list of surgical procedures which are eligible for assistant-at-surgery. The procedure codes with a 0 under the assistant surgeon heading imply that an assistant is not necessary; however, procedure codes with a 1 or 2 implies that an assistant is usually necessary. These procedures warrant an assistant surgeon due to the overall complexity. Therefore; this request is medically necessary.