

<b>Case Number:</b>	CM14-0171755		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	07/27/2011
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2014

### 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 Spine Surgeon and is licensed to practice in Texas. 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 injured worker is a 28-year-old male who reported an injury on 07/27/2011 due to an unknown mechanism. Diagnoses were right elbow sprain, right ulnar neuritis, right carpal tunnel syndrome, double crush syndrome, cervical radiculopathy, and neurovascular thoracic outlet syndrome with double (triple) crush injury. Physical examination on 09/26/2014 revealed complaints of pain that radiated down the back and was uncomfortable when the injured worker walked. The injured worker noted his pain was mainly in the right upper back, neck, and arm and it radiated down the medial elbow into the hand. The pain was reported to be anywhere between a 1/10 to 2/10 and it gets worse with writing and movement. It was reported that the injured worker could handle some laundry and do light grocery shopping. Examination revealed tight tender spasm to the right upper back/neck. It was reported that the injured worker had a cervical shift with positive Spurling's and tenderness about the upper back and neck with distal radiation. He had a Tinel's at the right medial epicondyle. Grip was diminished on the right to left, and he had some decreased sensation in the right 4th and 5th fingers. The injured worker reported he felt that he was getting worse, not better. It was reported that the injured worker was certified for cervical surgery. The request for preoperative history and physical plus labs and a 2 day inpatient stay. The Request for Authorization was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-operative history and physical plus labs:** 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 Official Disability Guidelines (ODG) Low Back, Pre-Op

**Decision rationale:** The decision for Pre-operative history and physical plus labs is not medically necessary. The Official Disability Guidelines state preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, and urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. The injured worker's signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. An alternative to routine preoperative testing for the purpose of determining fitness for anesthesia and identifying injured workers at high risk for postoperative complications may be to conduct a history and physical examination, with selective testing based on the clinician's findings. The included medical documents lack evidence of physical exam findings and clinical history that would indicate a high surgery risk for the injured worker. The clinical information submitted for review does not provide evidence to support the decision for a preoperative history and physical plus labs. Therefore, this request is not medically necessary.

**Two-day inpatient stay:** 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 Official Disability Guidelines (ODG) Neck and Upper Back, Hospital Length of stay

**Decision rationale:** The decision for Two-day inpatient stay is not medically necessary. The Official Disability Guidelines recommend the median length of stay based on type of surgery, or best practice target length of stay for cases with no complications. For prospective management of cases, median is a better choice than mean (or average) because it represents the midpoint, at which half of the cases or less, and half or more. The total number of days is typically measured in multiples of a 24 hour day that a patient occupies a hospital bed, so a 23 hour admission would have a length of stay of 0. Due to the fact it was not reported what type of surgery the injured worker was to have to the cervical spine, the decision for a 2 day inpatient stay is not recommended. There were no other significant factors provided. In the absence of documentation regarding the requested procedure, this request is not medically necessary.