

Case Number:	CM13-0050030		
Date Assigned:	12/27/2013	Date of Injury:	05/31/2011
Decision Date:	03/13/2015	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	11/08/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery

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 is a male patient with an injury date of 05/31/2010. The mechanism of injury is ascribed to repetitive type job duties. He did undergo some physiotherapy without good effect and was diagnosed with bilateral carpal tunnel. He had undergone right wrist carpal decompression on 03/22/2013 reported as successful with the exception of still experiencing spasms once to twice daily that he noted to occur after holding an object too long in his hand. He is stated as being out of work since 03/21/2013. He has participated in outpatient physical therapy with note of PCP requesting additional sessions and possible additional surgical intervention. The patient is currently participating in exercises at home promoting stretching. The provided documentation showed a AME evaluation performed on 07/17/2013. Physical examination found right shoulder forward elevation at 140/130, abduction is 120/110, external rotation is 80/80, internal rotation is 50/40 and extension is 40/40. He is noted positive with impingement. A primary treating office visit dated 08/12/2013 reported chief complaint as continued bilateral shoulder pain worse on the right side. Recommendation to begin modified work duties noted 08/19/2013. He was diagnosed with shoulder tend/bur, hand sprain/strain, wrist tend/bur, elbow tend/bur, and cervical pain. A follow up PCP visit dated 09/06/2013 described the request for left carpal tunnel release procedure and noted keeping the patient on temporary total disability. Lastly, a neurophysiologic examination dated 10/24/2012 reported after diagnostic evaluation performing EMG nerve conduction studies the patient was diagnosed with a mild bilateral carpal tunnel syndrome. A request for pre-operative services to include laboratory work up and chest radiography was denied by the Utilization Review on 10/11/2013 as not meeting medical necessity requirements.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRE-OP LABS (PT, PTT, CBC, URINALYSIS) 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 (ODG), Low Back, Preoperative lab testing

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back, preoperative testing

Decision rationale: CA MTUS/ACOEM is silent on the issue of preoperative clearance and testing. ODG, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. ODG states, 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. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high risk surgery and those undergoing intermediate risk surgery who have additional risk factors. Patients undergoing low risk surgery do not require electrocardiography. Based on the information provided for review, there is no indication of any of these clinical scenarios present in this case. The exam note of 9/6/13 does not demonstrate comorbidities or physical examination findings concerning to warrant preoperative testing prior to the proposed surgical procedure. Therefore the determination is for non-certification.