

Case Number:	CM14-0033462		
Date Assigned:	03/21/2014	Date of Injury:	03/12/2012
Decision Date:	03/10/2015	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/18/2014

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. 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: Maryland, Virginia, North Carolina
 Certification(s)/Specialty: Plastic 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:

The patient is a 34 year old female with a history of diabetes with a date of injury on 3/12/12 who was certified for left first 1st extensor compartment release, assistant surgeon and CPT 99245 consultation request. Pre-operative clearance and pre-operative exam were not certified. Medication history did not list any commonly associated medications with diabetes control. It is unclear the exact intent of the pre-operative exam as a pre-operative consultation was certified(CPT 99245).

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative exam: 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 Low Back pain, preoperative testing general

Decision rationale: The patient is a 34 year old female who was certified for left 1st extensor compartment release, assistant surgeon and consultation request(CPT 99245). Additionally, a pre-operative exam was requested. As the consultation visit was certified, it is not clear that there is a need for a pre-operative exam. Pre-operative testing is addressed with ODG guidelines for pre-operative testing, general. The planned procedure is a relatively simple one and the only medical history listed is diabetes, but without any medication list or history. Thus, an additional exam outside the consultation request should not be considered medically necessary. From ODG, 'An alternative to routine preoperative testing for the purpose of determining fitness for anesthesia and identifying patients at high risk of postoperative complications may be to conduct a history and physical examination, with selective testing based on the clinician's findings.' Thus, this should be satisfied by the 99245 certification.

Pre-operative clearance: 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 Low back pain, preoperative testing, general

Decision rationale: The patient is a 34 year old female who was certified for left 1st extensor compartment release, assistant surgeon and consultation request(CPT 99245). A pre-operative clearance was requested. A consultation (CPT 99245) was certified and there is insufficient documentation that an additional pre-operative clearance is necessary. The patient is noted to have a history of diabetes but without a medication history or current medications to suggest relevant treatment. Thus, as the consultation request was certified there is not additional documentation to warrant a formal pre-operative clearance. If after evaluation from the consultation request, there is further concern to necessitate a formal clearance, then this could be reconsidered. From ODG, 'An alternative to routine preoperative testing for the purpose of determining fitness for anesthesia and identifying patients at high risk of postoperative complications may be to conduct a history and physical examination, with selective testing based on the clinician's findings.' Thus, this should be satisfied by the 99245 certification.