

Case Number:	CM15-0106267		
Date Assigned:	06/10/2015	Date of Injury:	08/14/2013
Decision Date:	07/13/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/02/2015

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 injured worker is a 45 year old male who sustained an industrial injury on 08/14/2013. Mechanism of injury was a slip and fall. Diagnoses include nonunion of fracture and complication of implant. Treatment to date has included diagnostic studies, medications, and status post left wrist arthroscopy and ulnar shortening osteotomy on 05/10/2014. Medications include Norco. There is documentation present in a physician note that a computed tomography done in November of 2014 showed a non-united osteotomy. A physician progress note dated 05/13/2015 documents the injured worker complains of metacarpal pain and diffused forearm pain since surgery. He has tenderness over the ulnar plate from proximal to distal, and he has forearm pain with grip. The treatment plan is for revision open reduction and internal fixation of the left ulna with bone graft, preoperative EKG, CBC and BMP, and follow up visit. Treatment requested is for pre-operative chest X-Ray.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-Operative Chest X-Ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Forearm, wrist & hand.

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

Decision rationale: The patient is a 45 year old male who was approved for open reduction and internal fixation of the left ulnar with bone graft. Based on the entirety of the medical record the patient is not noted to have evidence of significant illness that would require extensive work-up. However, a preoperative history and physical examination could be considered medical necessary to stratify the patient's risk and determine if further medical testing is necessary. From ODG guidelines and as general anesthesia is likely to be performed, preoperative testing should be as follows: An alternative to routine preoperative testing for the purposes 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, as there is not a specific indication for a CXR and the patient has no specific relevant medical history, it is not medically necessary.