

Case Number:	CM15-0113471		
Date Assigned:	06/24/2015	Date of Injury:	10/28/2013
Decision Date:	07/31/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/12/2015

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: California, Indiana, Oregon

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 injured worker is a 50 year old female, who reported an industrial injury on 10/28/2013. Her diagnoses, and or impressions, were noted to include: bilateral carpal tunnel syndrome; status- post excision right dorsal ganglion and release right trigger thumb; impingement syndrome right shoulder with probable bicipital tendinitis; trapezius twitch trigger point right side; mild cervical radiculitis - clinical; and minimal cervical disc degeneration. The history noted a prior industrial injury of the lower back in 1984, as well as an automobile accident involving the lower back in 1998; and a non-industrial injury of the right ankle in 2005. Recent magnetic imaging studies of the right shoulder were noted on 3/20/15; recent x-rays were said to be taken on 5/14/2015; and recent electrodiagnostic studies of the lower extremities were said to be done on 10/16/2014. Her treatments were noted to include diagnostic studies; braces; a comprehensive orthopedic specialty evaluation and report on 3/5/2015; medication management; modified work duties and rest from work. The evaluation notes of 3/5/2015 reported a follow-up visit for complaints of intermittent right neck pain with radicular pain in the right arm, worsened by activities; constant pain and numbness in the left hand/wrist, aggravated by activities, and locking of the right thumb associated with pain; and constant, mild-moderate pain in the right shoulder, aggravated by activities. Objective findings were noted to include: no acute distress; right para-cervical tenderness with limited cervical range-of-motion; mild-moderate tenderness to the shoulders and bicipital groove and twitch trigger point, with painful circumduction and positive crepitation and Neer impingement sign on the right; and slight local tenderness over the right wrist and carpal canal, right > left, and decreased range-of-motion of the right wrist. No progress notes were provided. The physician's requests for treatments were noted to include post-operative medical clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op medical clearance: 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), Preoperative.

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.

Decision rationale: Although stated above as a request for a post operative medical clearance, there is a prior UR decision in this case for a pre-operative clearance and certification for an upper extremity surgery. This review presumes the appeal is for that issue. 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. Preoperative ECG in patients without known risk factor for coronary artery disease, regardless of age, may not be necessary. CBC is recommended for surgeries with large anticipated blood loss. Creatinine is recommended for patient with renal failure. 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. In this case the patient is a healthy 50 year old without comorbidities or physical examination findings concerning to warrant preoperative testing prior to the proposed surgical procedure. Therefore, the request is not medically necessary.