

Case Number:	CM15-0115664		
Date Assigned:	06/24/2015	Date of Injury:	03/24/2015
Decision Date:	08/05/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/16/2015

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 61-year-old female with an industrial injury dated 03/24/2015. The injured worker's diagnoses include left ring finger mass/cyst. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 05/07/2015, the injured worker reported pain and tenderness from a small cyst or mass in the left ring finger on the palmar aspect due to repetitive nature of her work. Objective findings revealed small mass/cyst of left ring finger with tenderness to palpitation. The treating physician reported that the X-ray of the left hand was negative. Treatment plan consisted of removal of left finger lesion/mass. The treating physician prescribed services for pre-operative medical clearance now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative medical clearance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

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 pain, Preoperative testing, general.

Decision rationale: The patient is a 61-year-old female with a history of diabetes mellitus and hypertension who was certified for removal of a mass of the left ring finger. With her history of diabetes and hypertension, it is reasonable to have a preoperative medical evaluation that could drive further testing. However, the specifics of the requested medical clearance were not detailed and thus a general preoperative medical clearance should not be considered medically necessary. 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, an entire preoperative medical clearance is not medically necessary, but a history and physical would be to drive further testing.