

<b>Case Number:</b>	CM15-0119208		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	06/27/2012
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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 male, who sustained an industrial injury on June 27, 2012. Treatment to date has included right wrist first dorsal extensor compartment release on March 24, 2014, physical therapy, cortisone injections and MRI of the right wrist. Currently, the injured worker complains of continued pain in the right wrist, He describes his pain as sharp in nature with associated weakness and pain with twisting, turning, and working. He reports that radiocarpal joint cortisone injections have improved the pain and proved five days of relief. He rates his pain a 4 on a 10-point scale. On physical examination, the injured worker has visible and palpable subluxation with tenderness to palpation of the abductor pollicis longus and extensor pollicis brevis tendons. His right hand and upper extremity is neurovascularly intact. He has tenderness to palpation along the volar and radial aspect of the right wrist and over the radioscaphoid articulation. He has a positive Watson maneuver with a painful and audible click. The diagnoses associated with the request include De Quervain's tenosynovitis status post first dorsal extensor compartment release, scapholunate interosseous ligament tear of the right wrist and volar radial ganglion cyst of the right wrist. The treatment plan includes surgical treatment of the right wrist inclusive of surgical arthroscopy in order to perform evaluation of the scapholunate interosseous ligament and to debride or repair or reconstruct the ligament with possible pinning of the scaphoid cartilage and at the scaphoid fossa.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-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), Low Back Section - Criteria for Preoperative testing, general.

**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 61 year old male who was certified for right wrist surgery. A request had been made for pre-op medical clearance to include multiple laboratory studies, CXR and EKG. Once these tests had been performed, the patient is to be seen by occupational medicine for preoperative risk stratification and medical optimization. Documentation from 5/21/15 notes that the patient has no past surgical history, an unremarkable past medical history, no medications and a review of systems that is unremarkable. 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 should 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 with laboratory testing is not medically necessary, but a history and physical would be to drive further testing.