

<b>Case Number:</b>	CM15-0161264		
<b>Date Assigned:</b>	09/03/2015	<b>Date of Injury:</b>	04/29/2013
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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: Oregon

Certification(s)/Specialty: Plastic Surgery, Hand 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 34 year old female with an industrial injury dated 07-29-2013. Her diagnoses included status post left wrist surgery times two, cervical strain, bilateral shoulder impingement, history of de Quervain's and history of volar ganglion cyst. Prior treatment was physical therapy. She presents on 07-16-2015 with complaints of neck, shoulder and right wrist pain. Physical exam noted she had pain on her wrist and also had pain radically. Finkelstein test was positive. The provider documents "At this point, the de Quervain's seems to be very symptomatic and she is to proceed with the right de Quervain's release." "We will schedule her for surgery as soon as authorization is given." The treatment requests for review are: Wrist exercise kit-Wrist brace-TENS unit-Sling-Right DeQuervains release-Pre- op pregnancy test Pre-op labs: Urinalysis -Pre-op Lab: Basic Metabolic Panel 7-Pre op lab: PT, PTT-Pre-op lab: CBC-Pre-op EKG-Pre-op Chest x-ray-Cold therapy unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right DeQuervain's release:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations.

**Decision rationale:** Per the ACOEM guidelines, Chapter 11, page 271, "The majority of patients with DeQuervain's syndrome will have resolution of symptoms with conservative treatment. Under unusual circumstances of persistent pain at the wrist and limitation of function, surgery may be an option for treating DeQuervain's tendinitis. Surgery, however, carries similar risks and complications as those already mentioned above (see Carpal Tunnel Syndrome), including the possibility of damage to the radial nerve at the wrist because it is in the area of the incision." This patient has failed conservative treatment for several months with a steroid injection, NSAIDS and splinting. Therefore the request for right deQuervain's release is medically necessary.

**Pre-op Lab: CBC:** 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 ODG-TWC, Low Back updated 5/15/15.

**Decision rationale:** ODG-TWC, Low Back updated 5/15/15 states: "Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, and urinalysis) is often performed before surgical procedures. 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." The Official Disability Guidelines state "A complete blood count is indicated for patients with diseases that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated." There is insufficient evidence to support routine preoperative testing for low risk procedures, and in this case, the records do not document any medical issues that require selective preoperative testing. The planned procedure is low risk, and the patient does not have any medical problems other than obesity. The request is not medically necessary.

**Pre-op Lab: PT, PTT:** 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 ODG-TWC, Low Back updated 5/15/15.

**Decision rationale:** ODG-TWC, Low Back updated 5/15/15 states: Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, and urinalysis) is often performed before surgical procedures. 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. The Official Disability Guidelines state Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants. There is insufficient evidence to support routine preoperative testing for low risk procedures, and in this case, the records do not document any medical issues that require selective preoperative testing. The planned procedure is low risk, and the patient does not have any medical problems other than obesity. The request is not medically necessary.

**Pre-op Labs: Basic Metabolic Panel 7: 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 ODG-TWC, Low Back updated 5/15/15.

**Decision rationale:** ODG-TWC, Low Back updated 5/15/15 states: Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, and urinalysis) is often performed before surgical procedures. 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. The Official Disability Guidelines state "Electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure. Random glucose testing should be performed in patients at high risk of undiagnosed diabetes mellitus." There is insufficient evidence to support routine preoperative testing for low risk procedures, and in this case, the records do not document any medical issues that require selective preoperative testing. The planned procedure is low risk, and the patient does not have any medical problems other than obesity. The request is not medically necessary.

**Pre-op Labs: Urinalysis: 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 ODG-TWC, Low Back updated 5/15/15.

**Decision rationale:** ODG-TWC, Low Back updated 5/15/15 states: Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, and urinalysis) is often performed

before surgical procedures. 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. The Official Disability Guidelines state "Preoperative urinalysis is recommended for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material." There is insufficient evidence to support routine preoperative testing for low risk procedures, and in this case, the records do not document any medical issues that require selective preoperative testing. The planned procedure is low risk, and the patient does not have any medical problems other than obesity. The request is not medically necessary.

**Pre-op EKG:** 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 ODG-TWC, Low Back updated 5/15/15.

**Decision rationale:** ODG-TWC, Low Back updated 5/15/15 states: Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, and urinalysis) is often performed before surgical procedures. 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." The Official Disability Guidelines state "Recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. There is insufficient evidence to support routine preoperative testing for low risk procedures, and in this case, the records do not document any medical issues that require selective preoperative testing. The planned procedure is low risk, and the patient does not have any medical problems other than obesity. The request is not medically necessary.

**Pre-op Chest X-ray:** 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 ODG-TWC, Low Back updated 5/15/15.

**Decision rationale:** ODG-TWC, Low Back updated 5/15/15 states: "Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, and urinalysis) is often performed before surgical procedures. 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." The Official Disability

Guidelines state "Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management." There is insufficient evidence to support routine preoperative testing for low risk procedures, and in this case, the records do not document any medical issues that require selective preoperative testing. The planned procedure is low risk, and the patient does not have any medical problems other than obesity. The request is not medically necessary.

**Pre-op Pregnancy Test:** Overturned

**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 Documentation of Pregnancy Status, Gynaecological History, Date of Last Menstrual Period and Contraception Use in Emergency Surgical Admissions: Time for a Change in Practice? Powell-Bowns M, Wilson MS, Mustafa A. World J Surg. 2015 Aug 22.

**Decision rationale:** Pregnancy testing is indicated prior to general or regional anesthesia to prevent any injury to a fetus. Therefore, the request for Pre-operative Pregnancy Testing is medically necessary.

**TENS unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.CharFormat

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** The MTUS for Chronic Pain lists the indications for TENS, which are primarily neuropathic pain, a condition not present in this patient. Other recommendations, including specific components of the treatment plan, are listed in the MTUS. The necessary kind of treatment plan is not present, including a focus on functional restoration with a specific trial of TENS alone. Given the lack of clear indications in this injured worker (primary reason), and the lack of any clinical trial or treatment plan per the MTUS (secondary reason), a TENS unit is not medically necessary.

**Cold Therapy Unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Methods.

**Decision rationale:** The cited guidelines recommend "at-home applications of heat or cold packs may be used before or after exercises and are as effective as those performed by a therapist". No specific device is recommended and the treating physician has not provided any supporting information for a mechanical cold therapy unit. The unit is not medically necessary based on the lack of support in guidelines and the lack of any specific evidence provided by the treating physician.

**Wrist exercise kit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

**Decision rationale:** The patient has chronic pain. According to the California MTUS guidelines, "There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regime." Documentation provided for review does not suggest what the home exercise kit for the hands consists of. While it is acknowledge that this patient needs additional treatment and that a home exercise kit could be beneficial, without documentation of what the "kit" consists of, the request is not medically necessary.

**Wrist brace:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Methods.

**Decision rationale:** The MTUS, cited above, recommends day splints for patient comfort as needed to reduce pain, along with work modifications. A splint is appropriate for postoperative management of a patient's pain. Therefore this request is medically necessary.

**Sling:** 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 Tech Hand Up Extreme Surg. 2012 Jun; 16(2): 105-6. doi:

10.1097/BTH.0b013e31824e9f43.A modification of the collar-and-cuff sling to elevate the hand.  
Cooper L1, Ford KE, Sammut D.

**Decision rationale:** Per Cooper et al, "Elevation of the hand is routinely sought after surgery and with pathology such as inflammation and infection. Many models of sling have been described. The collar-and-cuff model is a traditional low-cost method that is easily learned and applied, is versatile, and customized to each patient. It is, however, frequently misapplied so that it immobilizes the arm but does not produce sufficient elevation." The records do not document the type of sling planned and whether it will be modified to adequately elevate the hand following surgery. The sling is therefore not medically necessary.