

<b>Case Number:</b>	CM15-0179686		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	06/01/2010
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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 31 year old female, who sustained an industrial injury on June 1, 2010. Medical records indicate that the injured worker is undergoing treatment for a right wrist sprain-strain, status post right extensor ulnaris carpi tendon sheath release and reconstruction, left wrist compensatory pain, sleep disturbance and depression. The injured worker was noted to be temporarily totally disabled (7-22-15). On (8-24-15) the injured worker complained of continued pain in the dorsal ulnar aspect of the right wrist. Examination of the right wrist revealed moderate tenderness in the dorsal ulnar aspect overlying the sixth dorsal compartment. There was also extensor tenderness of the right middle finger with limitation of full composite flexion actively and passively. Mild to moderate dorsal ulnocarpal joint tenderness and distal radial ulnar joint (DRUI) instability was also noted. Treatment and evaluation to date has included medications, MR-Arthrogram of the right wrist, physical therapy, steroid injections, two platelet-rich injections to the extensor carpi ulnaris (ECU) tendon (2014) and an ECU tendon sheath release (2011). The MR Arthrogram (8-7-15) of the right wrist revealed a tiny tear of the triangular fibrocartilage complex (TFC). A current medication list was not provided in the medical records. The request for authorization dated 8-26-15 includes requests for an arthroscopic TFC (Triangular Fibrocartilage Complex) debridement of the right wrist, extensor tenolysis of the Extensor Digiti Quinti right wrist, extensor tenosynovectomy of the right wrist sixth dorsal compartment, pre-operative surgery clearance, 12 post-operative occupational therapy and associated surgical services to include: International Normalized Ratio (INR), CBC, PT-PTT, urinalysis, Chemistry 7, chest X-ray, electrocardiogram, history and physical and

follow-up visits times 2. The Utilization Review (UR) documentation dated 9-3-15 non-certified the requests for an arthroscopic TFC (Triangular Fibrocartilage Complex) debridement of the right wrist, extensor tenolysis of the Extensor Digiti Quinti right wrist, extensor tenosynovectomy of the right wrist sixth dorsal compartment, pre-operative surgery clearance, 12 post-operative occupational therapy and associated surgical services to include: International Normalized Ratio (INR), CBC, PT-PTT, urinalysis, Chemistry 7, chest X-ray, electrocardiogram and a history and physical. The UR modified the request for a follow-up visit # 1 (original request # 2).

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Associated Surgical Service: Complete Blood Count: 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 Chapter (updated 4/29/15) Preoperative Testing, General.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (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, 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 patient's only medical problem is hypothyroidism. CBC is not indicated. The request is not medically necessary.

**Associated Surgical Service: Prothrombin time: 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 Chapter (updated 4/29/15) Preoperative Testing, General.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (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, 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 patient has hypothyroidism. She has no other medical illnesses. Prothrombin time is not indicated. The request is not medically necessary.

**Associated Surgical Service: Partial Thromboplastin Time (PTT): 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 Chapter (updated 4/29/15) Preoperative Testing, General.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (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, 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 patient's only medical illness is hypothyroidism. She does not have any findings to justify a PTT test. The request is not medically necessary.

**Associated Surgical Service: International Normalized Ratio (INR): 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 Chapter (updated 4/29/15) Preoperative Testing, General.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (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, 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 patient's only medical problem is hypothyroidism. I NR is not indicated. The request is not medically necessary.

**Arthroscopic TFC (Triangular Fibrocartilage Complex) Debridement of the Right Wrist: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand, Triangular fibrocartilage complex (TFCC) reconstruction.

**Decision rationale:** Per ODG: Triangular fibrocartilage complex (TFCC) reconstruction is recommended as an option. Arthroscopic repair of peripheral tears of the triangular fibrocartilage complex (TFCC) is a satisfactory method of repairing these injuries. Injuries to the triangular fibrocartilage complex are a cause of ulnar-sided wrist pain. The TFC is a complex structure that involves the central fibrocartilage articular disc, merging with the volar edge of the ulnocarpal ligaments and, at its dorsal edge, with the floors of the extensor carpi ulnaris and extensor digiti minimi. This patient has a TFCC tear. Debridement is indicated to treat the patient due to the TFCC injury. The request is medically necessary.

**Extensor Tenolysis of the Extensor Digiti Quinti Right Wrist:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand.

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

**Decision rationale:** According to ACOEM Chapter 11, page 270, "Referral for hand surgery consultation may be indicated for patients who: Have red flags of a serious nature. Fail to respond to conservative management, including worksite modifications. Have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention." The patient has evidence of inflammation and adhesions of the EDQM tendon. As part of the treatment for ulnar sided wrist pain, tenolysis is indicated. The request is medically necessary.

**Extensor Tenosynovectomy of the Right Wrist Sixth Dorsal Compartment:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand.

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

**Decision rationale:** According to ACOEM Chapter 11, page 270, "Referral for hand surgery consultation may be indicated for patients who: Have red flags of a serious nature. Fail to respond to conservative management, including worksite modifications. Have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention." The sixth compartment is intimately associated with the TFCC. The patient has chronic ulnar sided wrist pain with evidence of inflammation and adhesions for the fifth and sixth extensor compartments. Tenolysis and synovectomy are indicated to definitively treat the pain. The request is medically necessary.

**Associated Surgical Service: Urinalysis: 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 Chapter (updated 04/29/15) Preoperative Testing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (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, 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 records do not include any exam findings of kidney or bladder dysfunction that would justify need for a urinalysis. The request is not medically necessary.

**Associated Surgical Service: Chemistry 7: 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 Chapter (updated 04/29/15) Preoperative Testing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (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, 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 records do not include any history or exam findings to justify a need for a Chem 7. The request is not medically necessary.

**Associated Surgical Service: Chest X-ray: 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 Chapter (updated 04/29/15) Preoperative Testing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC, Low Back updated 5/15/15.

**Decision rationale:** Per ODG: Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. This patient is undergoing a low risk procedure and does not have any documented pulmonary risk factors. CXR is not indicated. The request is not medically necessary.

**Associated Surgical Service: Electrocardiogram:** 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 Chapter (updated 04/29/15) Preoperative Testing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC, Low Back updated 5/15/15.

**Decision rationale:** Per ODG: 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. This patient is undergoing a low risk procedure and does not have any documented pulmonary risk factors. EKG is not medically necessary.

**Associated Surgical Service: History and Physical:** 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 Chapter (updated 04/29/15) Preoperative Testing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC, Low Back updated 5/15/15.

**Decision rationale:** Per ODG: "An alternative to routine preoperative testing for the purpose 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." History and physical is indicated to evaluate for any medical issues that may complicate surgery or require additional investigation. The request is not medically necessary.

## **Pre-operative Surgery 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 Chapter (updated 04/29/15) Preoperative Testing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (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, 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." Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. 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. Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. Patients in their usual state of health who are undergoing cataract surgery do not require preoperative testing (Feely, 2013). Routine preoperative tests are defined as those done in the absence of any specific clinical indication or purpose and typically include a panel of blood tests, urine tests, chest radiography, and an electrocardiogram (ECG). These tests are performed to find latent abnormalities, such as anemia or silent heart disease that could impact how, when, or whether the planned surgical procedure and concomitant anesthesia are performed. It is unclear whether the benefits accrued from responses to true-positive tests outweigh the harms of false-positive preoperative tests and, if there is a net benefit, how this benefit compares to the resource utilization required for testing. An alternative to routine preoperative testing for the purpose 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. However, the relative effect on patient and surgical outcomes, as well as resource utilization, of these two approaches is unknown (AHRQ, 2013). The latest AHRQ comparative effectiveness research on the benefits and harms of routine preoperative testing, concludes that, except for cataract surgery, there is insufficient evidence comparing routine and per-protocol testing. There is insufficient evidence to support routine preoperative medical clearance prior to straightforward hand surgery procedures. The hand surgeon can perform a history and physical and refer the patient for preoperative clearance if the history and physical detects any medical issues. The request is not medically necessary.

## **12 Post-operative Occupational Therapy: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Forearm, Wrist, & Hand.

**Decision rationale:** Per MTUS Synovitis and tenosynovitis (ICD9 727.0): Postsurgical treatment recommends 14 visits over 12 weeks. Postsurgical physical medicine treatment period is: 6 months. The request for 12 visits is consistent with the guidelines and is medically necessary.

**Associated Surgical Service: Follow-up x2:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

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

**Decision rationale:** According to ACOEM Chapter 11, page 270, "Referral for hand surgery consultation may be indicated for patients who: Have red flags of a serious nature. Fail to respond to conservative management, including worksite modifications. Have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention." Surgery is indicated and follow-up after surgery is appropriate to assess patient progress. The request is medically necessary.