

Case Number:	CM15-0023795		
Date Assigned:	02/13/2015	Date of Injury:	08/21/2014
Decision Date:	04/01/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/09/2015

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: Minnesota, Florida
 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 47 year old man sustained an industrial injury to the right hand on 8/21/2014. This was a severe crush injury that resulted in traumatic amputation of four finger tips and a portion of the right thumb as well as several fractures in the fifth finger. Treatment has included surgical intervention with K- wires in the fifth finger, and subsequent debridement. The open wounds were allowed to granulate in. Documentation indicates scarring of the thumb, flexion contracture and parrot-beak nail with associated pain. Additional treatment requested includes a cross finger flap, rongeuering of the right thumb, revision of the stump / scar with Z-plasties and possible excision of the nail. A preoperative clearance, basic chemistry profile, and a urinalysis were requested before surgery. On 1/15/2015, Utilization Review approved the request for surgery. The basic chemistry profile and urinalysis were also approved. The UR physician noted there is no documentation of any medical conditions that would indicate the necessity for a medical clearance. Non-MTUS or ACOEM Guidelines were cited. The denial was subsequently appealed to an Independent Medical Review.

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 www.guideline.gov/content.aspx?id=48408.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principles of Internal Medicine 18th Edition 2012, Chapter 8, Medical Evaluation of the Surgical Patient. Official Disability Guidelines, Section: Low Back, topic: Preoperative testing, general; Office visits.

Decision rationale: Simple standardized preoperative questionnaires have been developed for the purpose of identifying patients at intermediate or high risk who may benefit from a more detailed clinical evaluation. A thorough history and physical examination is recommended. OGD guidelines also recommend a thorough history and physical examination to determine co-morbidities and recommend appropriate further testing depending upon the results. Routine pre-operative clearance in the absence of co-morbidities is not necessary. However office visits to medical doctors are encouraged if there is a specific reason. The documentation submitted does not indicate the presence of co-morbidities and as such, the medical necessity of the request for a pre-operative medical clearance is not substantiated.