

Case Number:	CM15-0026140		
Date Assigned:	02/18/2015	Date of Injury:	03/02/2012
Decision Date:	04/01/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/11/2015

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: Illinois, California, Texas
 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:

The injured worker is a 55-year-old female who sustained an industrial injury on 3/20/13. Past surgical history was positive for right carpal tunnel release with flexor tendon tenosynovectomy on 12/4/12, and left carpal tunnel release with flexor tendon tenosynovectomy on 3/19/13. Past medical history was reported as negative. The 1/9/15 treating physician report indicated the patient was doing poorly with marked locking and catching of the left long and ringer fingers. There was clinical evidence of clicking, locking, and triggering of those fingers. Treatment plan included a trigger finger release of the left long and ringer fingers. On 1/15/15, utilization review certified a request for trigger finger releases of the left long and ring fingers with post-op physical therapy and pre-operative complete blood count and EKG. The requests for assistant surgeon, pre-operative laboratory studies (CMP, PT/PTT, Urinalysis), pre-operative chest X ray, interferential unit rental and preoperative clearance, citing MTUS and ACOEM guidelines. The rationale indicated that this was a very uncomplicated and straightforward procedure that did not require an assistant surgeon or an extensive pre-operative work-up based on no significant medical history.

IMR ISSUES, DECISIONS AND RATIONALES

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

Assistant Surgeon: 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 Centers for Medicare and Medicaid services Physician Fee Schedule Assistant Surgeons <http://www.cms.gov/apps/physician-fee-schedule/overview.aspx>.

Decision rationale: The California MTUS guidelines do not address the appropriateness of assistant surgeons. The Center for Medicare and Medicaid Services (CMS) provide direction relative to the typical medical necessity of assistant surgeons. The Centers for Medicare & Medicaid Services (CMS) has revised the list of surgical procedures which are eligible for assistant-at-surgery. The procedure codes with a 0 under the assistant surgeon heading imply that an assistant is not necessary; however, procedure codes with a 1 or 2 implies that an assistant is usually necessary. For this requested surgery, CPT code 26055, there is a "1" in the assistant surgeon column. Therefore, based on the stated guideline and the complexity of the procedure, this request is medically necessary.

Preoperative clearance: 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 Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p.

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Guideline criteria have been met. Middle-aged males have known occult increased medical/cardiac risk factors. Given these clinical indications, this request is medically necessary.

Preoperative Labs: CMP, PT/PTT, Urinalysis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Routine preoperative laboratory and diagnostic screening . Thelma Z. Korpamn, M.D, MBA. [Http://www.csahq.org/pdf/bulletin/preop_61_2.pdf](http://www.csahq.org/pdf/bulletin/preop_61_2.pdf).

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 Lumbar & Thoracic: Preoperative lab testing.

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. The Official Disability Guidelines provide specific direction for pre-operative lab testing. Coagulation studies are generally reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants. 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. Preoperative urinalysis is recommended for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material. Guideline criteria have not been met. This patient has been approved for a pre-operative complete blood count and EKG. Past medical history was negative for any comorbidities or medication use. There is no compelling reason presented to support the medical necessity of additional pre-operative testing beyond what has been certified. Therefore, this request is not medically necessary.

Preoperative: Chest X-ray: 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 Official Disability Guidelines (ODG) Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38.

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines state that an EKG may be indicated for patients with known cardiovascular risk factors or for patients with risk factors identified in the course of a pre-anesthesia evaluation. Guideline criteria have been met. Middle aged males have known occult increased risk factors for cardiopulmonary disease that support the medical necessity of pre-procedure chest x-ray. Therefore, this request is medically necessary.

IF Unit Rental (Days): 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 Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: The California MTUS guidelines do not recommend interferential current (IFC) stimulation as an isolated intervention. Guidelines indicate that a one-month IFC trial may be indicated for post-operative conditions if there is significant pain that limits the ability to perform exercise programs/physical therapy treatment. Guideline criteria have not been met. There is no indication that the patient will be unable to perform post-op physical therapy exercise or treatment, or that post-operative pain management will be ineffective. Additionally, this request for an unspecified duration of use is not consistent with guidelines. Therefore, this request is not medically necessary.

