

<b>Case Number:</b>	CM15-0060395		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	01/28/2010
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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: California

Certification(s)/Specialty: Orthopedic Surgery, Hand Surgery, Sports Medicine

### 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 66 year old female who sustained an industrial injury on 1/28/10 with reported pain in her neck, right shoulder, right arm, right elbow, right wrist and right hand. The injured worker reported symptoms in the right middle finger. The injured worker was diagnosed as having right middle trigger finger. Treatments to date have included temporary lighter work (she stopped working in 2010), status post right shoulder arthroscopy (April 2010), status post right shoulder subacromial decompression rotator cuff repair (June 2012), physical therapy, home exercise program, medial branch blocks, epidural steroid injection, facet injections, status post right cubital tunnel and right carpal tunnel release (August 2013), and cortisone injections for the trigger finger. Currently, the injured worker complains of pain in the right middle finger. The plan of care was for surgical intervention and a follow up appointment at a later date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-operative medical clearance/labs to include CBC, UA, and Comp Panel/EKG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation (ODG-TWC).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Preoperative Testing Before Non-cardiac Surgery: Guidelines and Recommendations, Molly A. Feely, MD; C. Scott Collins, MD; Paul R. Daniels, MD; Esayas B. Kebede, MD; Aminah Jatoi, MD; and Karen F. Mauck, MD, MSc, Mayo Clinic, Rochester, Minnesota, Am Fam Physician. 2013 Mar 15; 87(6):414-418.

**Decision rationale:** An extensive systematic review referenced above concluded that there was no evidence to support routine preoperative testing. More recent practice guidelines continue to recommend testing in select patients guided by a peri-operative risk assessment based on pertinent clinical history and examination findings, although this recommendation is based primarily on expert opinion or low-level evidence. In this case the proposed surgery is a minor procedure which can be performed under a local anesthetic and it is documented the patient has undergone multiple more extensive surgeries. There is no medical evidence to support the need for the multiple tests requested including blood work, urinalysis and electrocardiography. Therefore, the testing is determined to be not medically necessary.