

Case Number:	CM15-0068474		
Date Assigned:	04/16/2015	Date of Injury:	05/01/2014
Decision Date:	05/15/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/10/2015

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: Maryland, Virginia, North Carolina
 Certification(s)/Specialty: Plastic 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 43 year old female injured worker suffered an industrial injury on 05/01/2014. The diagnoses included bilateral carpal tunnel syndrome, bilateral plantar fasciitis and depression. The diagnostics included electromyographic studies. On 3/6/2015, the treating provider reported no relief of bilateral wrists symptoms. There is a pending right carpal tunnel release surgery. The treatment plan included Pre-operative medical clearance. Documentation from 11/25/14 notes no history of medical problems relating to her thyroid, blood pressure, blood sugar, heart, lungs or brain. 'She is in good health except for her plantar fasciitis and cubital tunnel syndrome.' She had a previous hysterectomy for fibroids in 2011.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative medical clearance: H&P, CBC, CMP, PT/PTT, UA, EKG, Chest x-ray and pregnancy test: 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 ODG, Low back pain, preoperative testing, general.

Decision rationale: The patient is a 43 year old female who was certified for a right carpal tunnel release. Preoperative medical clearance was requested. Based on the entirety of the medical record the patient is not noted to have evidence of significant illness that would require extensive work-up. However, a preoperative history and physical should be considered medically necessary to risk stratify the patient and determine if further medical testing is necessary. From ODG guidelines and as general anesthesia will likely be performed, preoperative testing should be as follows: 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. Thus, the entire battery of testing requested should not be considered medically necessary except for a history and physical and pregnancy test. Further testing could be based on the results from this.