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| Case Number: | CM15-0074635 | | |
| Date Assigned: | 04/24/2015 | Date of Injury: | 12/17/2009 |
| Decision Date: | 06/25/2015 | UR Denial Date: | 03/31/2015 |
| Priority: | Standard | Application Received: | 04/20/2015 |

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: Physical Medicine & Rehabilitation, Pain Management

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 50-year-old male with an industrial injury dated 12/17/2009. His diagnoses include left leg pain and left scar conditions and fibrosis of skin. Prior treatments included surgery, medications and physical therapy. He presented on 02/05/2015 with continued pain in his left leg. He describes the pain as cramping and tightness and rates it as 1 on a scale of 1-10. Physical examination revealed mild tenderness about the scar. There was no swelling or deformity noted. Muscle tone was normal. The treatment plan included surgery for excision of scar tissue and associated preoperative testing to include labs, history and physical and chest x-ray.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op clearance with H&P: Upheld

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 x Official Disability Guidelines (ODG), Neck Chapter, Preoperative lab testing, Preoperative electrocardiogram (ECG).

Decision rationale: Regarding the request for pre-op clearance, it appears that the associated surgical procedure has not been authorized. As such, there is no clear indication for the current request. Therefore, the requested pre-op clearance is not medically necessary.

Pre-op Labs (CBC/D and CMP): 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, Preoperative lab testing, Preoperative electrocardiogram (ECG).

Decision rationale: Regarding the request for pre-op labs, it appears that the associated surgical procedure has not been authorized. As such, there is no clear indication for the current request. Therefore, the requested pre-op labs is not medically necessary.

Pre-op Chest X-ray: Upheld

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), Neck Chapter, Preoperative lab testing, Preoperative electrocardiogram (ECG).

Decision rationale: Regarding the request for pre-op chest x-ray, it appears that the associated surgical procedure has not been authorized. As such, there is no clear indication for the current request. Therefore, the requested pre-op chest x-ray is not medically necessary.

Pre-op 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 (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, Preoperative lab testing, Preoperative electrocardiogram (ECG).

Decision rationale: Regarding the request for pre-op EKG, it appears that the associated surgical procedure has not been authorized. As such, there is no clear indication for the current request. Therefore, the requested pre-op EKG is not medically necessary.

