

Case Number:	CM15-0090981		
Date Assigned:	05/15/2015	Date of Injury:	10/20/2011
Decision Date:	07/02/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/11/2015

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: 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:

The injured worker is 47 year old male, who sustained an industrial injury on October 20, 2011 while working as a corrections office. Other dates of injury documented in the medical records included 5/30/2006 and 7/18/2007. The injured worker has been treated for neck, back, shoulder, hand and wrist complaints. The diagnoses have included cervical strain, right shoulder labral tear, right cubital syndrome, bilateral carpal tunnel syndrome, right wrist internal derangement, left wrist internal derangement and scapholunate tear, chronic derangement of the lumbar spine and chronic post-traumatic stress disorder. Treatment to date has included medications, radiological studies, electrodiagnostic studies, physical therapy, cortisone injection, psychotherapy and a home exercise program. Documentation dated July 28, 2014 notes that the injured worker reported bilateral wrist pain. The right wrist was noted to be worse than the left. Associated symptoms included numbness and tingling in the hand. Intermittent radiating symptoms to the elbow were also noted. Examination of the right wrist revealed tenderness over the ulnar styloid and dorsal lunate interval. The Finkelstein maneuver was positive. Swelling was noted over the ulnar snuff box and a Tinel's and Phalen's test were positive. The documentation notes the left wrist was similar, however cursory. The injured worker had right wrist surgery performed on March 25, 2015. The treating physician recommended a left wrist arthroscopy. The treating physician's plan of care included a request for pre-operative clearance, pre-operative electrocardiogram, pre-operative complete blood count and Keflex 500 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Low Back, Topic: Pre-operative testing, general.

Decision rationale: ODG guidelines recommend an alternative to routine preoperative testing for the purposes 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. The injured worker underwent a similar surgical procedure less than 3 months ago and underwent a history and physical examination with medical clearance and preoperative testing. The documentation does not indicate any comorbidities that would necessitate a repeat preoperative medical clearance and additional testing. As such, the request for preoperative testing is not supported and the medical necessity of the request has not been substantiated.

Pre-operative 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Section: Low Back, Topic: Preoperative electrocardiogram.

Decision rationale: ODG guidelines indicate arthroscopic surgery is a low risk procedure. The injured worker had undergone a preoperative EKG less than 3 months ago. The documentation provided does not indicate any significant comorbidities that may necessitate a repeat 12-lead EKG. In the absence of cardiovascular risk factors, a repeat preoperative EKG is not supported by ODG guidelines and the medical necessity of the request has not been substantiated.

Keflex 500mg #12: 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 American Academy of Orthopedic Surgeons Guidelines on antibiotic prophylaxis.

Decision rationale: American Academy of Orthopedic Surgeons Guidelines indicates prophylactic antibiotics for total joint arthroplasty should be given within 1 hour prior to the surgical incision and discontinued within 24 hours following the end of surgery. Prophylactic antibiotics are not recommended for clean orthopedics procedures except for the total joint procedures according to the aforementioned guidelines. As such, the use of Keflex postoperatively for prophylaxis is not supported and the medical necessity of the request has not been substantiated.

Pre-operative CBC: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Low Back, Topic: Preoperative lab testing.

Decision rationale: ODG guidelines indicate preoperative complete blood count is indicated for patients with diseases that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated. The injured worker had undergone laboratory testing less than 3 months ago for a similar operative procedure. The documentation does not indicate the presence of anemia. The surgical procedure is not likely to result in significant perioperative blood loss. As such, the request for a repeat complete blood count testing is not supported and the medical necessity of the request has not been substantiated.