

<b>Case Number:</b>	CM15-0095565		
<b>Date Assigned:</b>	05/22/2015	<b>Date of Injury:</b>	02/19/2013
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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 injured worker is a 52-year-old female, who sustained an industrial injury on 2/19/13. The injured worker was diagnosed as having closed Colles' fracture and tenosynovitis of hand and wrist. Treatment to date has included repair of closed Colles' fracture, hardware removal, oral medications including Ultram and Voltaren, physical therapy and activity restrictions. Currently, the injured worker complains of pain at radial aspect of left wrist with no significant relief following injection. Physical exam noted mild to moderate tenderness of left wrist first dorsal compartment with full range of motion of all digits and no tenderness at surgical site. The treatment plan included authorization for surgery (tenovagotomy of left wrist first dorsal compartment with extensor tenosynovectomy, post op occupational therapy and pre-op clearance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative clearance (CBC/PT/PTT/INR/CHEM7/UA/CXR/EKG/H&P): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.guideline.gov/content.aspx?id=48408> and on the Non-MTUS Official Disability Guidelines (ODG), Preoperative lab testing.

**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 52-year-old female who was certified for left DeQuervain's tenosynovitis surgery. A request was made for preoperative clearance including CBC/PT/PTT/INR/Chem 7/UA/CXR/EKG/H&P. Based on the medical records reviewed, there is insufficient justification for a battery of laboratory studies. Previous laboratory studies and EKG did not document significant findings to warrant further testing. The medical history also did not warrant an extensive array of preoperative testing. From ODG, Low back pain, Preoperative testing, general and asked 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 examination should be considered medical necessary to stratify the patient's risk and determine if further medical testing is necessary. From ODG guidelines and as general anesthesia is likely to be performed, preoperative testing should be as follows: 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. Thus, an entire preoperative medical clearance is not medically necessary, but a history and physical would be to drive further testing.