

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/28/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/1/2013
Date of Injury: 2/1/2013
IMR Application Received: 8/22/2013
MAXIMUS Case Number: CM13-0007955

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgeon and Hand Surgeon, and is licensed to practice in California. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 53 year old female who reported an injury on 02/01/2013. She complained of constant bilateral pain and numbness in her wrists and hands. The findings noted the patient has slight thenar atrophy of the left thumb and a negative Tinel's test over the carpal tunnel bilaterally, plus a positive Durkan's compression sign over bilateral carpal tunnels and a negative Hoffman's sign bilaterally. An EMG/nerve conduction study on 06/13/2013 found her to have severe bilateral carpal tunnels syndrome with muscle denervation on the left. The patient has been treated with six sessions of physical therapy, home health exercises, medications, and the use of a splint to help alleviate her pain. The patient has been certified for a left carpal tunnel release surgery.

IMR DECISION(S) AND RATIONALE(S)

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

1. Pre-operative medical clearance between 07/30/2013 and 09/28/2013 is not medically necessary and appropriate.

The Claims Administrator based its decision on the California Official Medical Fee Schedule (1999 edition), Surgery general information and ground rules, pgs. 92-93, and the National Institute of Clinical Excellence (NICE). (2003). National Collaborating Centre for Acute Care. Preoperative tests: the use of routine preoperative tests for elective surgery: evidence, methods, & guidance. London (UK):, p. 118, which are not part of MTUS.

The Physician Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Physician Reviewer based his/her decision on the Official Disability Guidelines (ODG), Low Back Chapter, Preoperative lab testing, which is not part of MTUS.

The Physician Reviewer's decision rationale:

Pertaining, to pre-operative medical clearance, the Official Disability Guidelines does not address any medical recommendations pertaining to this request. Because the employee is simply undergoing carpal tunnel surgery, and has no underlying comorbidities, this would not be considered medically necessary. The employee does not have a history of cardiac issues, a bleeding disorder, to include taking anticoagulants, and the employee does not have any underlying renal insufficiencies that would necessitate any specialized screening. As such, the request for pre-operative medical clearance between 07/30/2013 and 09/28/2013 is non-certified. **The request for pre-operative medical clearance between 07/30/2013 and 09/28/2013 is not medically necessary and appropriate**

2. Pre-op testing: EKG, CXR, CBC, PT/PTT, CMP, UA between 7/30/2013 and 9/28/2013 is not medically necessary and appropriate.

The Claims Administrator based its decision on the California Official Medical Fee Schedule (1999 edition), Surgery general information and ground rules, pgs. 92-93, and the National Institute of Clinical Excellence (NICE). (2003). National Collaborating Centre for Acute Care. Preoperative tests: the use of routine preoperative tests for elective surgery: evidence, methods, & guidance. London (UK):, p. 118, which are not part of MTUS.

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The Physician Reviewer's decision rationale:

Because CA MTUS/ ACOEM and Official Disability Guidelines do not address pre-operative lab testing for a patient undergoing carpal tunnel surgery, the ODG criteria for a low back surgery is being utilized for reference. In general, pre-operative lab testing should be done to confirm a clinical impression, and tests should affect the course of treatment. Pertaining to an Electrocardiogram(EKG), they are recommended for intermediate risk surgical procedures which include orthopedic surgery and would be considered medically necessary prior to carpal tunnel surgery. Chest x-rays (CXR), are not even addressed under carpal tunnel surgery guidelines as they are not a necessary diagnostic tool prior to this procedure. The employee does not have a prior history of cardiac problems; therefore, it is not considered medically necessary. Official Disability Guidelines indicate that a complete blood count(CBC) is indicated for individuals with diseases that increase the risk of anemia or individuals in whom significant perioperative blood loss is anticipated. Carpal tunnel surgery is not considered to be a procedure where high blood loss is anticipated and the employee has not been diagnosed as being a possible anemic. As such, this would not be considered medically necessary. The employee is not taking any anticoagulants, such as Aspirin or Coumadin, and Official Disability Guidelines states that "Coagulation studies are reserved for individuals with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants." Therefore, thromboplastin time(PT)/activated partial thromboplastin time(PTT) is not medically necessary. A comprehensive metabolic panel(CMP) is normally utilized for routine checking of an individual who has been diagnosed with a renal deficiency or is taking a medication that could

cause renal insufficiencies. It is not recommended under the Official Disability Guidelines pre-operative lab testing, therefore, it is not medically necessary. Lastly, a preoperative urinalysis (UA) is recommended by ODG for individuals undergoing invasive urologic procedures and those undergoing implantation of foreign material. The employee is not undergoing an invasive urologic procedure and the only foreign material being placed will be sutures. Therefore, a UA is not considered medically necessary. Because the majority of the pre-operative tests under review do not meet the Official Disability Guidelines criteria, the request for pre-op testing: EKG, CXR, CBC, PT/PTT, CMP, UA between 07/30/2013 and 09/28/2013 are non-certified. **The request for pre-op testing: EKG, CXR, CBC, PT/PTT, CMP, UA between 7/30/2013 and 9/28/2013 is not medically necessary and appropriate.**

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.



CM13-0007955