

Case Number:	CM13-0016591		
Date Assigned:	11/06/2013	Date of Injury:	10/21/2008
Decision Date:	05/21/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/26/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery, 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 70-year-old female who sustained injuries to her bilateral lower extremities, low back, face and wrist following an October 21, 2008, fall at work. Records indicate a prior surgical history of left carpal tunnel release followed by right carpal tunnel release in 2011. Based on failed conservative care for the claimant's left knee and a diagnosis of complex medial meniscal tear, surgical intervention in the form of an arthroscopy was recommended in June 2013. A preoperative internal medicine assessment of June 26, 2013, referenced an electrocardiogram showing sinus rhythm with a leftward axis shift. There is no documentation of a stress test having been performed. The internal medicine assessment indicated that the claimant was stable to undergo surgery pending one week of antibiotic treatment for a preoperative blood work finding of leukocytosis. This request is for retrospective review of a cardiovascular stress test administered on June 26, 2013, prior to the claimant's right left arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR CARDIOVASCULAR STRESS TESTING ADMINISTERED ON 6/26/13: 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 ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 Independent Medical Examinations and Consultations page 127

Decision rationale: A June 26, 2013, clinical internal medicine assessment and examination documented that the claimant was stable from a surgical point of view, pending response to antibiotics for a diagnosis of leukocytosis. The preoperative electrocardiogram demonstrated no acute clinical findings of significance. There were no other indications of underlying cardiac issue, comorbidity or clinical documentation that would have supported the role of acute cardiovascular stress testing. Upon retrospective review, cardiovascular stress testing was not medically necessary and appropriate in this case.