

Case Number:	CM13-0019911		
Date Assigned:	01/29/2014	Date of Injury:	04/09/2012
Decision Date:	05/23/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/04/2013

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 60-year-old female who was injured in a work related accident on April 9, 2012. Specific request in this case is for an EKG with labs. There is documentation that the claimant is with prior echocardiogram report that shows left ventricular hypertrophy with preserved function and mild atrial enlargement. A November 15, 2013 follow up report indicates that the claimant is to continue with physical therapy for neck related complaints with no documentation of need for operative intervention. There is presently no indication of acute need for surgical process. While this individual is noted to be with underlying cardiac history based on echocardiogram findings, further clinical records regarding potential need for surgical process are not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

EKG WITH POSSIBLE LABS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, LOW BACK CHAPTER, ONLINE EDITION, PREOPERATIVE ELECTROCARDIOGRAM, PREOPERATIVE LAB TESTING

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM OMPG (SECOND EDITION, 2004), , CHAPTER 7, INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS; 127

Decision rationale: Based on California ACOEM Guidelines, the role of preoperative testing to include EKG would not be supported. While the claimant is noted to be with underlying cardiac disease, there is currently no indication of acute indication or documentation that a surgical process is to take place. There is no documentation that the surgical procedure has been approved or will be performed. This would fail to support the need for the preoperative testing requested.