

Case Number:	CM13-0021044		
Date Assigned:	10/16/2013	Date of Injury:	12/18/2007
Decision Date:	04/22/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	09/06/2013

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:

According to the records made available for review, this is a 41-year-old male with a 12/18/07 date of injury, and modified Brunelli dorsal capsulodesis and flexor carp radialis tendon transfer 9/12/08. At the time (7/22/13) of request for authorization for prospective request for 1 pre-operative electrocardiogram between 8/12/13 and 9/26/13, there is documentation of subjective (persistent left wrist pain that has increased) and objective (left wrist reveals healed incisional scars, restricted range of motion in palmer flexion and dorsiflexion, and tenderness to palpation over radial side and over the dorsal incision) findings, current diagnoses (left wrist pain and left wrist scapholunate ligament tear), and treatment to date (medications). Medical reports identify certification of 1 Left Scapholunate Arthrodesis and Radial Styloidectomy with Distal Radius Bone Graft between 8/12/13 and 9/26/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 1 PRE-OPERATIVE ELECTROCARDIOGRAM BETWEEN 8/12/13 AND 9/26/13: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Chapter: Forearm, Wrist and Hand Arthrodesis (fusion)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative lab testing

Decision rationale: MTUS does not address this issue. ODG identifies that preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, and urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. Within the medical information available for review, there is documentation of diagnoses of left wrist pain and left wrist scapholunate ligament tear. In addition, given documentation of certification of 1 Left Scapholunate Arthrodesis and Radial Styloidectomy with Distal Radius Bone Graft between 8/12/13 and 9/26/13, there is documentation of surgical procedures. Therefore, based on guidelines and a review of the evidence, the request for prospective request for 1 pre-operative electrocardiogram between 8/12/13 and 9/26/13 is medically necessary.