

<b>Case Number:</b>	CM13-0032010		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	04/16/1997
<b>Decision Date:</b>	02/07/2014	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/04/2013

### 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 Surgery and is licensed to practice in New Hampshire, New York, and Washington. 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. 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:

Patient is a 65-year-old male who sustained a work-related injury to his right shoulder. He's been diagnosed with right shoulder subacromial joint arthritis. He underwent arthroscopic decompression and clavicle resection in February 2013. A lumbar MRI shows degenerative disc condition at L4-5 and L5-S1, with mild scoliosis. The patient reports pain and numbness in his leg. On physical examination he had tenderness to palpation of the low back with reduced range of motion. Motor strength of 4-5 weakness of the L5 and S1 dermatomes and myotomes in the left leg. The patient had a previous lumbar laminotomy surgery at L4-5 and L5-S1. At issue in this case is whether preoperative electrocardiography and preoperative chest x-ray are medically needed. The mechanism of injury is noted to be a strain to the shoulder and lumbar spine. The patient is on medications, which include glyburide, metformin, and ibuprofen. The patient had a previous lumbar laminectomy. The patient had an MRI of the lumbar spine, which revealed mild scoliosis and multilevel disc degeneration. Prior treatments are not identified in the records. The patient has also had prior surgery to the shoulder. The medical record does not indicate the presence of significant comorbidities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Preoperative electrocardiography between 9/13/2013 and 10/28/2013: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Lumbar and Thoracic.

**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, Lumbar and Thoracic.

**Decision rationale:** The Official Disability Guidelines indicate that preoperative testing is often performed before surgical procedures. The guidelines also indicate, "These investigations can be helpful to stratify risk, direct anesthetic choice, and guide postoperative management, but often are obtained because of protocol rather than medical necessity." A preoperative electrocardiogram (ECG) is recommended for patients undergoing high-risk surgery, and those undergoing intermediate-risk surgeries, who have additional risk factors. The clinical information in the chart fails to meet evidence-based guidelines for an ECG. The clinical documentation submitted does not support the request for surgical intervention in the patient's lumbar spine. Specifically, the MRI does not reveal compression of nerve roots and spinal stenosis. Also, the physical exam does not document active radiculopathy. The patient also had previous lumbar surgery for decompression. Additionally, the patient underwent operative intervention for the shoulder and is unclear why additional shoulder surgery would be necessary from the medical records. The patient does not have cardiac comorbidities. The request for preoperative ECG is not medically necessary because the medical records do not document the need for surgery.

**Preoperative chest x-ray between 9/13/2013 and 10/28/2013:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Lumbar and Thoracic.

**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, Lumbar and Thoracic.

**Decision rationale:** The Official Disability Guidelines indicate that preoperative testing is often performed before surgical procedures. The guidelines also indicate, "These investigations can be helpful to stratify risk, direct anesthetic choice, and guide postoperative management, but often are obtained because of protocol rather than medical necessity." The clinical information in the chart fails to meet evidence-based guidelines for a chest x-ray. The clinical documentation submitted does not support the request for surgical intervention in the patient's lumbar spine. Specifically, the MRI does not reveal compression of nerve roots and spinal stenosis. Also, the physical exam does not document active radiculopathy. The patient also had previous lumbar surgery for decompression. Additionally, the patient underwent operative intervention for the shoulder and is unclear why additional shoulder surgery would be necessary from the medical records. The patient does not have cardiac comorbidities. The request for preoperative chest x-

ray is not medically necessary because the medical records do not document the need for surgery.