

Case Number:	CM13-0043641		
Date Assigned:	12/27/2013	Date of Injury:	06/25/2012
Decision Date:	06/24/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/25/2013

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 Orthopaedic 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 injured worker is a 43-year-old male who reported an injury on 06/25/2012 due to an unknown mechanism. The clinical note dated 09/18/2013 indicated diagnoses of left shoulder pain with probable labral tear resulting in recurrent instability and partial rotator cuff tear and left wrist pain and stiffness with history of distal radius fracture. The injured worker reported pain and stiffness in his left wrist where he had a severe intra-articular fracture of the distal radius complicated by compartment syndrome and underwent surgical treatment with subsequent hardware removal. On physical exam, the left shoulder had crepitus and decreased sensation with compression rotation indicative of labral injury. The left shoulder motion was about 90% normal and there was no gross weakness of the rotator cuff. The left wrist was essentially unchanged from exam with about 60% motion and about 50% loss of grip strength. The Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

A preoperative electrocardiogram (prior to left shoulder arthroscopy): 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)

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, Preoperative electrocardiogram (ECG).

Decision rationale: The request for a preoperative electrocardiogram (prior to left shoulder arthroscopy) is non-certified. The Official Disability Guidelines (ODG) guidelines recommend electrocardiogram for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. Criteria for Preoperative electrocardiogram with reported cardiac risk (ECG) Aortic and other major vascular surgery, peripheral vascular surgery, intraperitoneal and intrathoracic surgery; carotid endarterectomy; head and neck surgery; & orthopedic surgery, not including endoscopic The request for a preoperative electrocardiogram (prior to left shoulder arthroscopy) is not medically necessary. The Official Disability Guidelines (ODG) guidelines recommend electrocardiogram for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. Criteria for Preoperative electrocardiogram with reported cardiac risk (ECG) Aortic and other major vascular surgery, peripheral vascular surgery, intraperitoneal and intrathoracic surgery; carotid endarterectomy; head and neck surgery; & orthopedic surgery, not including endoscopic procedures or ambulatory surgery, Preoperative ECG is recommended for patients with known CHD, peripheral arterial disease, or cerebrovascular disease preoperative ECG may be reasonable in patients with at least 1 clinical risk factor: history of ischemic heart disease; history of compensated or prior HF, history of cerebrovascular disease, diabetes mellitus, or renal insufficiency. These are defined as procedures with low risk (with reported cardiac risk generally less than 1%), and they include: endoscopic procedures; superficial procedures; cataract surgery; breast surgery; & ambulatory surgery. ECGs are not indicated for low risk procedures. The guidelines note ECG is recommended for injured workers with high risk factors, intermediate risk factors and low risk factors with cardiac risk; however, there was lack of evidence of the injured worker having any significant cardiac risk factors or pathology. It did not appear the injured worker was scheduled to undergo a high risk procedure. Therefore, the request for a preoperative electrocardiogram (prior to left shoulder arthroscopy) is not medically necessary.