

Case Number:	CM13-0045379		
Date Assigned:	12/27/2013	Date of Injury:	01/10/2008
Decision Date:	02/25/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/12/2013

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 Internal Medicine and is licensed to practice in New York. 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:

The claimant is a 59 year old male who sustained an industrial work injury on 01/10/2008. He felt a pop in his right elbow while at work injuring his right elbow. He underwent right elbow arthroscopy 06/09 and has continued complaints of right elbow pain. He underwent an MRI on 12/26/2012 which demonstrated post-operative changes involving the region of the lateral epicondyle, small joint effusion, and soft tissue prominence with mild edema at the insertion of the common extensor tendon but no evidence of fracture. He has been recommended to undergo a repeat right elbow arthroscopy. On exam he has right middle pain with right elbow flexion 140 degrees, supination 50 degrees and pronation 50 degrees. On pre-operative assessment 09/05/2013 he denied chest pain, shortness of breath, or palpitations. He stated he could climb stairs with hesitancy. Exam was notable only for trace peripheral edema. EKG demonstrated normal sinus rhythm, possible left atrial enlargement and a possible anterior MI. The treating provider has requested a cardiology evaluation and cardiology testing studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, Chapter 7, page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medscape Internal Medicine: Preoperative Assessment for Non-cardiac Surgery 2013

Decision rationale: There is no indication for a repeat 12 lead electrocardiogram at this time. The claimant underwent an electrocardiogram as part of his recent pre-operative assessment. The results revealed normal sinus rhythm with possible left atrial enlargement and possible anterior MI. There were no ischemic changes or arrhythmias noted. There is no indication for a repeat electrocardiogram at this time. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

Echocardiography, transthoracic, real-time with image documentation (2d), includes m-mode recording: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, Chapter 7, page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ACC/AHA Guidelines for Cardiac Imaging 2012

Decision rationale: There is no documentation provided indicating the need for transthoracic echocardiography. Per the presented documentation there is no history of a heart murmur, history of hypertension, diabetes or previous cardiac disease. A transthoracic echocardiogram is not a required study for pre-operative assessment for non-cardiac surgical procedures. The claimant will be evaluated by cardiology. Medical necessity for the requested service has not been established. The requested service is not medically necessary.

Myocardial perfusion imaging, tomographic (spect) (including attention correction, qualitative): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, Chapter 7, page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ACC/AHA Guidelines for Cardiac Imaging 2012

Decision rationale: The specific cardiac imaging study should be determined after the cardiology evaluation. The ACC/AHA Guideline Update for Perioperative Cardiac Evaluation for Noncardiac Surgery has emphasized the importance of clinical, demographic, and surgical indicators of risk. In general, noninvasive preoperative testing is best directed at patients considered to be at intermediate clinical risk (diabetes, stable CAD, compensated heart failure)

who are scheduled to undergo intermediate- or high-risk surgery. A thorough evaluation of appropriately selected patients will also afford an assessment of cardiac prognosis over the long term. Exercise stress is preferred in patients capable of achieving adequate workloads; radionuclide techniques should be reserved for patients whose baseline ECGs render exercise interpretation invalid or who require pharmacologic stress because of the inability to exercise.

Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise:
Upheld

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Technetium tc-99m sestambi, diagnostic, per study dose, up to 40 millicuries: Upheld

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radionuclide techniques should be reserved for patients whose baseline ECGs render exercise interpretation invalid or who require pharmacologic stress because of the inability to exercise.

Thallium tl-201 thallos chloride, diagnostic, per millicurie: Upheld

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Injection adenosine for diagnostic use, 30 mg: Upheld

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External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage: Upheld

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MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ACC/AHA Guidelines for Cardiac Imaging 2012

Decision rationale: The specific cardiac imaging study and associated cardiac testing should be determined after the cardiology evaluation. The ACC/AHA Guideline Update for Perioperative Cardiac Evaluation for Noncardiac Surgery has emphasized the importance of clinical, demographic, and surgical indicators of risk. In general, noninvasive preoperative testing is best directed at patients considered to be at intermediate clinical risk (diabetes, stable CAD, compensated heart failure) who are scheduled to undergo intermediate- or high-risk surgery. A thorough evaluation of appropriately selected patients will also afford an assessment of cardiac prognosis over the long term. Exercise stress is preferred in patients capable of achieving adequate workloads; radionuclide techniques should be reserved for patients whose baseline ECGs render exercise interpretation invalid or who require pharmacologic stress because of the inability to exercise.

Cardio treatment: Upheld

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