

<b>Case Number:</b>	CM13-0055467		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/04/2010
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	11/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 51-year-old male with a date of injury of 02/04/2010. The listed diagnoses per [REDACTED] include right knee end-stage osteoarthritis, nonindustrial hypertension, and nonindustrial type 2 diabetes mellitus. According to progress report 10/29/2013 by [REDACTED], the patient presents with right knee medial and anterior knee pain which radiates down his leg to the right ankle anterolaterally. The patient rates his pain as 9/10 on a pain scale. He is limited in his walking due to pain. He has episodes of catching, and locking without giving way. An examination revealed moderate antalgic gait on the right lower extremity due to knee pain. There is a slight right leg discrepancy due to his valgus malalignment. Limited range of motion from 5 through 120 degrees with lateral and patellofemoral compartment crepitation and tenderness was noted. McMurray's testing exacerbates tricompartmental tenderness with palpable clicks and crepitation of all 3 compartments. Patellar grind and inhibition tests are positive. There is mild effusion and mild popliteal fullness. X-ray of the right knee demonstrated large patellofemoral osteophytes with joint space narrowing. The lateral compartment is bone on bone with subchondral sclerosis and peripheral osteophytes. An MRI of the right knee revealed full-thickness cartilage loss at the patellofemoral and medial compartments with peripheral osteophytes and increased bony signals in the areas of cartilage loss extending into the marrow. There are degenerative tears of the medial and lateral meniscus. The physician is requesting a right total knee arthroplasty and preoperative clearance including an electrocardiogram. Utilization review denied the request for an EKG on 11/13/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ELECTROCARDIOGRAM:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** The physician has asked for an electrocardiogram as part of the pre-operative medical evaluation. Utilization review 11/13/2013, approved pre-op medical evaluation stating the requested surgery is indicated, therefore the pre-op clearance is approved. However, the UR denied the request for an EKG stating there is no documentation noting the patient has history of heart disease, coronary heart disease (CHD), peripheral arterial disease, or cerebrovascular disease. ODG Guidelines state that EKGs are recommended 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 electrocardiograph. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing regardless of their preoperative status. In this case, the patient is scheduled to undergo a total right knee arthroplasty, but does not present with risk factors warranting an EKG. Standard pre-op lab testing and pre-op medical evaluation has been authorized, however, an additional EKG is not medically necessary.