

Case Number:	CM14-0102945		
Date Assigned:	07/30/2014	Date of Injury:	09/24/2010
Decision Date:	09/25/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/03/2014

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 Family Medicine 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:

This is a 51 year old female patient who reported an industrial injury on 9/24/2010, four years ago, attributed to the performance of her job tasks. The patient is diagnosed with osteoarthritis of the ankle. The patient was documented to of had a bone exostosis excision on 5/1/2013 and right ankle debridement from tibia and tale us during 2012. The patient reported continued left ankle pain and overall she was happy with the surgical intervention to the right ankle. The diagnosis was left anterior ankle bony impingement. Upon the receipt of additional x-ray documentation the requested procedure of excision or current ties a bone cysts are benign tumor tibia or fibula was authorized by UR. The patient was noncertified for a preoperative EKG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative EKG: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (Web), 2013, Low Back , Preoperative electrocardiogram (ECG).

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 electrocardiogram.

Decision rationale: The patient is 51 years old and would require a preoperative EKG prior to anesthesia. The patient is not documented to have significant comorbidities; however, based on age alone the patient would meet the criteria for having a preoperative EKG prior to anesthesia. The policies and procedures of the surgical center would dictate the medical necessity of a preoperative EKG to rule out cardiac issues that may influence the anesthesia process. Evidence-based guidelines suggest that patients undergoing high-risk surgery in those undergoing intermediate risk surgeries who have additional risk factors would require preoperative EKG. Those patients undergoing low risk surgery do not require electrocardiography. If the patient is within 30 days of a prior EKG for the data surgery then this would be sufficient. In this particular case the patient is 51 years old with no identified risk factors however a preoperative EKG would be medically necessary to evaluate the patient preoperatively for anesthesia. The patient will be under the influence of anesthesia for the requested excision and curettage of a bone cyst or benign tumor of the tibia and fibula for this patient. The requested preoperative EKG is medically necessary.