MAXIMUS Federal Services

Case Number:	CM14-0103797		
Date Assigned:	07/30/2014	Date of Injury:	05/04/2010
Decision Date:	10/31/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	07/07/2014

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 Internal 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:

The patient is a 63 year old female who was injured on 05/04/2010 when she slipped on a step while exiting a shuttle bus injuring her left leg. The patient underwent left hip arthroscopic hip debridement, acetabuloplasty and repair of labrum on 01/09/2013. Diagnostic studies reviewed include CT of the left hip dated 02/20/2014 revealed left pubic ring with very minimal deformity. There were no acute bony changes and no focal marrow abnormalities in the pelvis, proximal femurs. Orthopedic consultation dated 05/22/2014 states the patient presented with complaints of left hip pain which was described as constant and becomes worse with sitting and walking. She had a cortisone injection in the past which relieved her pain for 2 days but it recurred. As mentioned above, she has had a left hip surgery in the past which did not provided her with any benefit or relief of her symptoms. On exam, left hip range of motion revealed flexion of 110 degrees; external rotation of 40 degrees; and abduction of 40 degrees. She had tenderness over the rectus and symphysis pubis. There was positive impingement sign as well as Faber sign. The patient is diagnosed with status post left hip arthroscopy with continuing pain. The patient was recommended for revision of labral repair, revision of acetabuloplasty and possible reconstruction. The patient was recommended for a pre-op EKG/chest x-ray.Prior utilization review dated 06/06/2014 states the request for Pre-operative electrocardiogram (EKG) is not certified as the surgery was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative electrocardiogram (EKG): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The guidelines recommend EKG for patients with at least one clinical risk factor or known CAD undergoing intermediate or high-risk surgery. The documents provided state the patient is being evaluated for revision of labral repair, revision of acetabuloplasty and possible reconstruction of the left hip. From the documents it is not clear which clinical risk factors the patient has. Additionally, there is no evidence that the surgery has been approved at this time. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.