

Case Number:	CM14-0019361		
Date Assigned:	04/21/2014	Date of Injury:	10/28/2009
Decision Date:	07/02/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/14/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management 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 male patient with the date of injury of October 28, 2009. A utilization review determination dated February 4, 2014 recommends non-certification of EKG and certification of pre-op labs (CMP, CBC) and pre-op clearance. The previous reviewing physician recommended non-certification of EKG due to lack of documentation of any risk factors for heart disease. A PR-2 dated 8/26/13 identifies subjective complaints of persistent pain with crepitation and feelings of locking in the right knee. Objective findings identify the patient is a 61-year-old male. Pain elicited by motion. Medial joint line tenderness and McMurray test positive. Diagnoses identify osteoarthritis localized, primary, lower leg; pain in joint, lower leg; backache, unspecified; and tear of medial cartilage or meniscus of knee, current. Treatment plan identifies patient requires a right knee arthroscopy with partial medial meniscectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck Chapter, Preoperative Electrocardiogram (ECG).

Decision rationale: California MTUS and ACOEM do not contain criteria for the use of preoperative EKG. ODG states preoperative electrocardiogram is 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 electrocardiography. Within the information made available for review, there is no indication of a high-risk surgery or intermediate-risk surgery with additional risk factors. In the absence of such documentation, the currently requested EKG is not medically necessary.