

<b>Case Number:</b>	CM14-0111566		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	11/20/2007
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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 Orthopedic Surgery and is licensed to practice in Texas. 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 injured worker is a 57-year-old who reported an injury on November 20, 2007. The mechanism of injury was not provided for review. The injured worker reportedly sustained an injury to her bilateral elbows. The injured worker failed to respond to conservative treatments to include physical therapy, immobilization, nonsteroidal anti-inflammatory drugs, and corticosteroid injections. The injured worker ultimately underwent right lateral epicondylar debridement. The injured worker was evaluated on June 5, 2014. It was noted that the injured worker had persistent left elbow pain. Physical findings included tenderness over the lateral epicondyle with painful range of motion. The injured worker's diagnoses included status post right lateral epicondylar debridement and left elbow lateral epicondylitis. The injured worker's treatment plan included surgical intervention to the left elbow. A request was made for preoperative medical clearance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-operative EKG (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/Preoperative testing, general: EKG.

**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 (ECG).

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) does not address preoperative clearance. Official Disability Guidelines do not recommend preoperative EKGs for ambulatory surgical interventions unless there is a history significant for comorbidities that would cause intraoperative or postoperative cardiac and respiratory complications. The clinical documentation submitted for review does not provide any evidence that the injured worker has any complicated diagnoses that would interfere with intraoperative or postoperative procedures. Therefore, the request for a pre-operative EKG is not medically necessary or appropriate.

**Pre-operative laboratory works:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines/Preoperative testing, general: Laboratory.

**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, Pre-Operative Testing (general).

**Decision rationale:** California Medical Treatment Utilization Schedule does not address preoperative clearance. Official Disability Guidelines do not generally recommend preoperative laboratory testing for ambulatory surgical interventions unless the injured worker has comorbidities that would contribute to intraoperative or postoperative complications. The clinical documentation submitted for review does not provide any evidence that the injured worker has any level of risk for intraoperative or postoperative complications. As such, the requested preoperative laboratory works is not medically necessary or appropriate.

**Pre-operative medical clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines/Preoperative testing, general: Medical clearance.

**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, Pre-Operative Testing (general).

**Decision rationale:** California Medical Treatment Utilization Schedule does not address preoperative medical clearance. Official Disability Guidelines do not generally recommend preoperative medical clearance for ambulatory surgical interventions unless the injured worker has comorbidities that would contribute to intraoperative or postoperative complications. The clinical documentation submitted for review does not provide any evidence that the injured

worker has any level of risk for intraoperative or postoperative complications. As such, the requested preoperative medical clearance is not medically necessary or appropriate.