

Case Number:	CM14-0150201		
Date Assigned:	09/18/2014	Date of Injury:	10/16/2013
Decision Date:	11/17/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/16/2014

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 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 claimant is a 57-year-old who was injured on 10/16/13. The progress report dated 07/24/14 states that the claimant was scheduled to undergo surgery for a right rotator cuff repair. The progress report documented that the preoperative anesthesia workup recommended cardiac clearance prior to operative intervention due to the need for anesthesia and the claimant's past and current history of angina. Therefore, there was a request for cardiac clearance as a preoperative echocardiogram prior to the surgical procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Echocardiogram: 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) Low Back, Preoperative electrocardiogram (ECG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Chapter 7, page 127.

Decision rationale: Based on California ACOEM Guidelines, the request for a preoperative echocardiogram would be supported as medically necessary. The medical records document that

the claimant has a history of angina and that a preoperative anesthesia assessment recommended a cardiac workup prior to the surgical procedure and general anesthetic. Based on this information and the claimant's underlying cardiac history, the request for a preoperative echocardiogram is medically necessary.