

<b>Case Number:</b>	CM14-0023560		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	06/02/1997
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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 Medicine 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 54 year old male who reported an injury on 06/02/1997. He stated that a 4X8 plate of steel, fabricated into a gate, was accidentally tipped off overhead storage and landed on him. He reported injuries to the neck, upper, mid and low back, right shoulder and arm and left knee. On 11/27/2013 he described his pain as aching, burning, deep, sharp, and shooting with weakness. Heat, ice and narcotics improved the condition. Lifting and stretching worsened it. His diagnoses included chronic neck pain with cervical radiculopathy, post-operative status multiple surgical procedures including discectomy and fusions, failed cervical spine surgery, bilateral carpal tunnel syndrome, chronic medial epicondylitis of the dominant right elbow, chronic flexor tendonitis of both wrists, and post-traumatic conversion of medial degenerative arthritis of the left knee. His right shoulder history included status post right shoulder surgery for impingement with increasing pain and loss of motion. An MRI of unknown date showed a SLAP tear dislocation of the biceps tendon medially. There was a partial undersurface tear of the subscapularis tendon with approximately 40% of normal tendon thickness remaining. Focal partial intrasubstance tear along with the posterior aspect of the supraspinatus tendon, supraspinatus and infraspinatus tendonopathy, small glenohumeral fusion, small amount of subacromial and subdeltoid fluid, degenerative changes of the right shoulder. His medications included ambien 12.5 mg, avalide 300/120.5 mg, DSS 250 mg, fentanyl 25 mcg per hour patch, Lidoderm 5% patch, MSIR 30 mg, nortryptiline 25 mg, senna 8.6 mg, testosterone 50 mg, and Topamax 25 mg. His family history included hypertension associated with himself, his mother and grandparents, stroke associated with his mother, heart attack associated with his mother and "heart problems" associated with his grandparents. His BMI was 30. There is no request for authorization found in his chart. On 02/19/2014 there is found a treatment request for a pre-

operative EKG for a proposed outpatient surgery (right shoulder arthroscopic rotator cuff repair) as an outpatient.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **PRE-OPERATIVE EKG FOR PROPOSED OUTPATIENT SURGERY: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Shoulder Disorders.

**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 (ECG).

**Decision rationale:** The proposed surgery is arthroscopic rotator cuff repair. Official Diagnostic Guidelines recommends ECGs for injured workers at risk during a procedure. This worker is being treated with a combination antihypertensive/diuretic medication, and does have a BMI of 30, which places him in the obese category. The injured worker has a diagnosis of hypertension. For these reasons, the request for pre-operative EKG for proposed outpatient surgery is medically necessary.