

Case Number:	CM14-0031684		
Date Assigned:	06/20/2014	Date of Injury:	03/11/2013
Decision Date:	07/18/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/12/2014

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 Orthopaedic 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:

This 52-year-old female accounts payable specialist sustained an industrial injury on 3/11/13 relative to increased work load doing data entry, stapling and other clerical tasks. The patient underwent right endoscopic carpal tunnel release and right first wrist compartment release on 6/24/13. The 1/15/14 electrodiagnostic study impression documented no evidence of significant peripheral nerve slowing of the median or ulnar nerves, despite a clinical picture suggestive of right ulnar mononeuropathy at the elbow. Ulnar nerve decompression was recommended as the patient had failed to respond to conservative measures and the symptoms were not tolerable. The 2/27/14 utilization review approved the request for surgery but denied the request for pre-operative EKG as there was no documentation of any cardiac problem to warrant the EKG. The patient was known to have hypertension and it was assumed that she was being treated by her primary care physician. Records indicated that the patient was overweight (body mass index 28.3) with a negative past medical history, and family history positive for hypertension.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op EKG: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar, 116(3):522-38.

Decision rationale: Under consideration is a request for pre-op EKG. The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines state that an EKG may be indicated for patients with known cardiovascular risk factors or for patients with risk factors identified in the course of a pre-anesthesia evaluation. Guideline criteria have been met. Overweight females over 50 years have known occult increased cardiovascular risk factors to support the medical necessity of a pre-procedure EKG. Therefore, this request for pre-op EKG is medically necessary.