

Case Number:	CM14-0033477		
Date Assigned:	06/20/2014	Date of Injury:	02/11/2008
Decision Date:	07/18/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/17/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Minnesota. 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 58-year-old female with a reported date of injury on 02/11/2008. The mechanism of injury was not provided within the documentation available for review. The injured worker presented with right elbow pain. According to the clinical documentation, the physician indicated there the requested open medial epicondylar debridement and repair was not approved or schedule. Upon physical examination, the elbow range of motion to the right revealed flexion to 145 degrees, extension to 0 degrees, pronation to 80 degrees, supination to 80 degrees, and pain elicited by motion. The injured worker's right elbow strength was rated at 5/5. The clinical documentation indicated, the injured worker failed previous conservative care. The documentation related to previous physical therapy or conservative care was not provided within the clinical information available for review. The injured worker's diagnosis included medial epicondylitis. The injured worker's medication regimen was not provided within the documentation available for review. The Request for Authorization for a preoperative EKG (electrocardiogram) and preoperative CBC (complete blood count) and CMP (comprehensive metabolic panel) laboratory blood testing was not submitted. The rationale for the request was that the physician is requesting a medial epicondylar debridement and repair for the right elbow.

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 The guidelines used by the Claims Administrator are not clearly stated in the UR determination.

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 Eelectrocardiogram (ECG).

Decision rationale: The Official Disability Guidelines state that EKGs are recommended for patients undergoing high risk surgery and those undergoing intermediate risk surgeries who have additional risk factors. The injured workers undergoing low risk surgery do not require electrocardiography. The criteria for use for preoperative electrocardiogram would include the injured workers with known heart disease or cerebral vascular disease, or injured workers with at least 1 clinical risk factor to include history of ischemic heart disease, history of ischemic heart disease, history of prior CHF or history of cerebrovascular disease, diabetes or renal insufficiency. There is a lack of documentation related to the injured worker being at known cardiovascular risk. In addition, the surgical procedure was not approved and has not been scheduled. As such, the request for preoperative EKG is not medically necessary.

Pre-operative CBC (Complete Blood Count) and CMP (Comprehensive Metabolic Panel) laboratory blood testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI).

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 lab testing.

Decision rationale: The Official Disability Guidelines state that preoperative lab testing is recommended as indicated. Preoperative additional tests are excessively ordered, either for young patients with low surgical risk, with little or no interference in perioperative management. In addition, the guidelines state that electrolyte and creatinine testing should be performed in patients with underlying chronic disease and electrolyte abnormalities or renal failure. A complete blood count is indicated for patients with diseases that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated. There was a lack of documentation related to the injured worker being diagnosed with underlying chronic disease or taking medication that predisposes them to electrolyte abnormalities or renal failure. In addition, the injured worker does not have a diagnosis of risk of anemia. In addition, the request for the surgical procedure has not been approved and has not been scheduled. Therefore, the request for preoperative CBC (complete blood count) and CMP (comprehensive metabolic pane) laboratory blood testing is not medically necessary.

