MAXIMUS Federal Services

Case Number:	CM14-0040564		
Date Assigned:	04/09/2014	Date of Injury:	01/26/2012
Decision Date:	05/27/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/31/2014

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 Pain Management 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 patient is a 50-year-old male with a date of injury of 01/26/2012. The listed diagnoses per [redacted] are: 1. Status post left 4th and 5th finger crush injury. 2. Left wrist pain. 3. Left wrist sprain/strain. According to report dated 11/26/2013 by [redacted], the patient presents with continued complaints of left hand pain. Left 5th finger pain increases with squeezing. Pain severity is noted as 7/10 and intermittent increase with grip and grasping. Examination of the left wrist revealed decreased ROM in the 4th and 5th fingers with well-healed surgical scar, flexion contraction of the 5th finger. The ranges of motion are painful. Phalen's causes pain. The progress report notes there is a certification for revision of amputation with approximal extension of amputation to the middle phalanx and soft tissue, decision dated 11/21/2013. The treating physician states that patient should undergo any necessary pulmonary and respiratory diagnostic testing and referred to echocardiogram and EKG due to essential hypertension.

IMR ISSUES, DECISIONS AND RATIONALES

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

EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Merck Manual For Healthcare Professionals.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines. Preoperative ECG, "Recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status."

Decision rationale: This patient presents with continued left hand pain specifically in the 5th finger. The treating physician is requesting an EKG due to patient's essential hypertension. This patient has been certified for revision amputation. Utilization review dated 01/21/2014 denied the request stating there is no documentation that the patient has findings or history of possible cardiac arrhythmias or myocardial infarct. The ACOEM and MTUS do not discuss EKG. Therefore, ODG guidelines were referenced. ODG has the following on Preoperative ECG, "Recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status." In this case, the patient is undergoing a low risk surgery and does not present with risk factors, other than hypertension. An EKG is not medically necessary and appropriate.