

<b>Case Number:</b>	CM14-0077633		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	10/21/2007
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 47-year-old male who sustained a vocational injury on October 21, 2007 while lifting a pallet. The claimant's current working diagnoses include chronic neck, thoracic and low back pain, erectile dysfunction which is opiate-induced, coccydynia, right knee pain, and right hip pain. The claimant was seen on October 7, 2013 at which time documentation suggests that the claimant would need a right total hip replacement sometime in the future as the provider did not feel that arthroscopic repair of the right hip would provide meaningful short or long term relief. The most recent office note available for review from April 17, 2014 noted that the claimant had cervical, back, low back and lumbar pain and complaints. The pain was described as aching, burning, excruciating, pressure, shooting, stabbing and stiffness along with spasms. Back extension worsened the condition as well as hip extension, hip flexion and hip rotation. Examination showed he had a slightly antalgic gait favoring the left leg. He had neck pain with palpation over the C3 to C6 facets and secondary myofascial pain with triggering and ropey fibrotic banding with positive Spurling's maneuver bilaterally which were positive maximal foraminal testing bilaterally and no pain with Valsalva. In regards to the lumbosacral exam, he had positive Faber on the right with pain with palpation over the L3 through S1 facet capsules bilaterally. He had pain with rotational extension indicative of facet capsular tears bilaterally and secondary myofascial pain with triggering and ropey fibrotic banding. He was noted to recently have MRI's of the bilateral hips which are unavailable for review and been following with a secondary orthopedic surgeon anticipating surgical intervention. It was noted that he required weight loss prior to proceeding with such surgery. The claimant has also had a right hip ultrasound guided intraarticular cortisone injection performed on January 13, 2014 of which the results are not noted in the documentation presented for review. Currently there is no documentation to suggest the claimant has recently had surgical intervention with regards to the

neck, thoracic spine, low back, or bilateral hips. Current request is for preoperative EKG and clearance.

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

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

**Pre-op EKG and Clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip Procedure Summary.

**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) ACOEM Chapter 7, page 127.

**Decision rationale:** Documentation presented for review fails to establish that the claimant has been authorized, scheduled, has already undertaken or has plans for upcoming surgical intervention. Documentation suggests that the claimant was told to consider total hip arthroplasty sometime in the future but as previously mentioned, there appears to be no solid plans for this surgical intervention and it does not appear to be undertaken based on documentation presented for review. California MTUS and ACOEM Guidelines have been referenced. Certainly if the claimant has plans or is authorized and scheduled for a total hip replacement, preoperative clearance, EKG and labs would be considered medically necessary given the patient's age and comorbidities, however, in light of the fact that there clearly is no documentation supporting that such interventions have already happened or are being planned, the request for the preoperative clearance, EKG and testing cannot be considered medically necessary.