

Case Number:	CM14-0181770		
Date Assigned:	11/06/2014	Date of Injury:	11/04/2013
Decision Date:	09/15/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/03/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: North Carolina

Certification(s)/Specialty: Family Practice

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 55 year old female who sustained an industrial injury on 11-4-13 from a slip and fall landing on her right side. She had MRI of the right shoulder, x-rays of the right shoulder, MRI of the cervical spine and computed tomography of the cervical spine. She complained of pain in her neck and bilateral upper extremity pain, back and right knee. Her pain level was 6 out of 10 with medication and 8 out of 10 without medication. On physical exam of the cervical spine there was limited range of motion due to fusion, on palpation there was tenderness and taut myofascial bands along the bilateral cervical paraspinals and negative for trigger points; right and left shoulder revealed limited range of motion with positive impingement sign and weakness with rotation. Medications were Flexeril, Voltaren, tramadol (which she has stopped due to side effects), cyclobenzaprine, Lyrica. She reports her pain level reduced by 60% with medications. Diagnoses were cervical disc degeneration; cervical and lumbar radiculopathy; herniated nucleus pulposus; radicular syndrome of the upper extremities; right rotator cuff tear and impingement syndrome; spinal stenosis, C3-4 with myelomalacia and myeloradiculopathy; status post cervical laminectomy C3-6 (seven years ago per 5-21-14 note); right knee meniscal tear; chondromalacia. Treatments to date include intramuscular steroid injection; subacromial bursa injection right and left shoulder with minimal relief; medications; physical therapy. In the 6-4-14, the progress note the treating provider indicated the need for right shoulder surgery that should be done in the near future. On 10-21-14 utilization review evaluated request for electrocardiogram and laboratory evaluations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrocardiogram: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back (updated 8/22/14) Preoperative electrocardiogram (ECG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pre-operative clearance.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states pre-operative clearance is needed for risk stratification and post-surgical management. The type of clearance is determined by the type of surgery and the patient's co-morbid conditions. An EKG is usually part of a routine pre-operative clearance for a joint surgery and therefore the request is medically necessary.

Laboratories: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back (updated 8/22/14) Preoperative lab testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pre-operative clearance.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states pre-operative clearance is needed for risk stratification and post-surgical management. The type of clearance is determined by the type of surgery and the patient's co-morbid conditions. Lab work is usually part of a routine pre-operative clearance for a joint surgery, however the request does not specify what type of lab work and therefore is not medically necessary.