

Case Number:	CM14-0189428		
Date Assigned:	11/20/2014	Date of Injury:	07/16/2013
Decision Date:	01/23/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/13/2014

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 Maine, Nebraska & Texas. 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 63-year-old male who reported an injury on 07/16/2013. The mechanism of injury was a fall. The injured worker's diagnoses included right ulnar shaft nonunion with positive ulnar impingement of the right wrist. The injured worker's past treatments included physical therapy, a brace, cortisone injections, and medications. The injured worker's diagnostic testing included an MRI of his back, which was noted to have evidence of fascial disruption. The injured worker's surgical history included a surgery for ulnar impaction and ulnar impingement. On 10/21/2014, the injured worker complained of continued pain and soreness over his right iliac crest and posterior iliac crest region. He reported cortisone injections and conservative treatment to this area as well as observation had been done and this had continued to bother him. Upon physical examination, a defect was palpated over the back area. The area was noted to be symptomatic. The injured worker's medications were not included in the documentation. The request was for preoperative EKG. The rationale for the request was not clearly provided. The Request for Authorization form was signed and submitted on 10/31/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-Operative EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 testing

Decision rationale: The request for preoperative EKG is not medically necessary. According to the Official Disability Guidelines, electrocardiography is recommended for patients undergoing high risk surgery and that undergoing intermediate risk surgery who have additional risk factors. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. The injured worker complained of significant pain and soreness over his right iliac crest and posterior iliac crest region. The documentation did not indicate conditions or risk factors to warrant a preoperative EKG. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. In the absence of documentation with sufficient evidence of risk factors, comorbidities, or clinical history to warrant an EKG preoperatively, the request is not supported. As such, the request is not medically necessary.