

Case Number:	CM14-0201219		
Date Assigned:	12/11/2014	Date of Injury:	02/18/2013
Decision Date:	02/03/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/02/2014

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, has a subspecialty in ENTER SUBSPECIALTY 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 50-year-old obese female. There is a history of hypertension but no history of ischemic heart disease in the past. She had 1 episode of chest pain in January related to a knee injection which was felt to be a vasovagal attack or possible allergic reaction to the corticosteroid injection but in light of shortness of breath she was hospitalized and a cardiac workup performed. The findings were suggestive of an anxiety reaction. A CT pulmonary angiogram dated 1/7/2014 revealed borderline cardiomegaly but there was no evidence of pulmonary embolism. A chest x-ray dated 1/7/2014 was negative. An echocardiogram dated January 7, 2014 revealed borderline left ventricular hypertrophy with normal contractility and grade 1 diastolic function. The documentation does not indicate any additional episodes of chest pain since that time. The history of carpal tunnel syndrome is related to an IV in the left hand. Documentation indicates that she developed discomfort and vasomotor phenomena in the long finger. There was purplish discoloration of the finger, particularly the distal phalanx. This was suggestive of Raynaud's. An MRI scan revealed a small vascular growth in the distal phalanx which may represent a hemangioma. Examination was suggestive of carpal tunnel syndrome but her electrodiagnostic studies were negative. She gives a history of allergy to cortisone and so diagnostic carpal tunnel injections could not be performed. However, she has been certified for a carpal tunnel release. The disputed issue pertains to a request for preoperative EKG that was denied because ODG guidelines do not recommend preoperative EKGs for low risk surgery even in the presence of a history of hypertension. This has been appealed to IMR.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Associated services) Pre op EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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, Topic: Preoperative electrocardiogram

Decision rationale: California MTUS does not address this topic. ODG does not indicate EKGs for low risk procedures such as a carpal tunnel release. There is no recent history of chest pain or cardiac failure. ODG recommends EKGs for intermediate risk procedures in patients with a cardiovascular history but not for low risk procedures. Based upon the guidelines, the request for a preoperative EKG for the carpal tunnel release is not supported and as such the medical necessity is not substantiated.