

<b>Case Number:</b>	CM14-0202192		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	07/23/2011
<b>Decision Date:</b>	02/05/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2014

### 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. The expert reviewer is Board Certified in Orthopedic Surgery 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 25-year-old female with a reported date of injury of 7/23/2011. The mechanism of injury is not reported. Per progress report dated 8/28/2014 she has bilateral knee pain. She underwent surgery on the left knee in March 2014 with subsequent physical therapy that she completed on 8/27/2014. She is anticipating a right knee surgery for debridement. They are waiting for authorization. Right knee pain is 7/10 and with medications it will come down to 3-4/10. The left knee surgery helped with her knee pain but she has problems with arthritis. Documentation indicates that she had a left knee meniscus repair in October 2011, bone grafting on August 14, 2013 and arthroscopic ligament repair on 3/3/2014. With regard to the right knee she has chronic pain. She had 2 MRI scans which did not show any evidence of a meniscal tear. Her diagnosis for the right knee is chondromalacia of patella. Per office visit of 7/31/2014 she underwent an arthroscopically assisted anterior cruciate ligament reconstruction using allograft tissue for the left knee on 3/3/2014. The disputed request pertains to a preoperative EKG that was noncertified by utilization review on 11/24/2014. The arthroscopic procedure is a low risk surgery and there is no history of cardiac disease or comorbidities that would necessitate a preoperative EKG. Therefore the request for a preoperative EKG was not medically necessary. This is now appealed to an independent medical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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 Treatment for Workers' Compensation, Online Edition Low Back Chapter- Lumbar & Thoracic

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Low back, Topic: Preoperative electrocardiogram, criteria.

**Decision rationale:** The California MTUS guidelines do not address this issue. Therefore the ODG guidelines were used. The guidelines recommend preoperative electrocardiograms for patients undergoing high risk surgery and those undergoing intermediate risk surgeries who have additional risk factors. Patients undergoing low risk surgery do not require electrocardiograms. The proposed surgical procedure is a low risk arthroscopic procedure on the right knee for which an EKG is not indicated. There is no history of ischemic heart disease, compensated or prior heart failure, or history of cerebrovascular disease, diabetes mellitus or renal insufficiency. As such, the guidelines do not recommend a preoperative EKG. Based upon the above, the request for a preoperative EKG is not supported by guidelines and the medical necessity is not established.