

Case Number:	CM14-0202869		
Date Assigned:	12/15/2014	Date of Injury:	01/31/2008
Decision Date:	01/30/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/04/2014

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 Internal Medicine, 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 injured worker is a 63-year-old female, with a reported date of injury of 01/31/2008. The result of the injury was right ankle and foot pain. The current diagnoses include a benign neoplasm, idiopathic peripheral neuropathy, and ankle sprain. The past diagnosis includes an ankle sprain. Treatments have included an MRI of the right foot on 09/24/2014, which showed swelling along the forefoot, mild bursitis along the plantar fifth toe soft tissues, diffuse fatty atrophy of the interosseous muscles, and a small region of fibrosis; an MRI of the right ankle, which showed swelling, mild tendinosis and tenosynovitis of the distal posterior tibialis tendon, a short segment longitudinal tear, and mild Achilles paratenonitis; and Voltaren. The medical report dated 10/14/2014 indicates that the injured worker complained of pain on the medial and lateral aspects of her right ankle, and the dorsal aspect of her right mid-foot. The injured worker admitted that the swelling had decreased somewhat since she was limited to working one (1) day a week. The physical examination noted a nodule on the dorsal aspect; mild to moderate soft tissue swelling of the dorsal aspect of the midfoot; tenderness over the posterior tibialis tendon and the peroneal tendons; and weakness of the toe flexors. On 11/12/2014, Utilization Review (UR) denied the request for a twelve (12) lead electrocardiogram (EKG). The UR physician noted that the associated request was not certified; therefore, the preoperative EKG was not medically necessary. The Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Lead 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 (ODG) TWC, Low Back.

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 Section, Preoperative EKC

Decision rationale: Pursuant to the Official Disability Guidelines, preoperative EKG is not medically necessary. Preoperative EKGs are recommended for patients undergoing high-risk surgery and those undergoing intermediate risk surgery and those who have additional risk factors. Patients undergoing low-risk surgery not require electrocardiography. For additional details see the Official Disability Guidelines, preoperative EKG. In this case, the injured worker is scheduled to have a nodule on the dorsal aspect of the foot excised. The treating physician requested a preoperative EKG. The injured worker does not have comorbid conditions or a past medical history of heart disease. Excision of a nodule on the dorsum of the foot is a low-risk surgery and does not require preoperative electrocardiogram. Consequently, absent the appropriate clinical indication pursuant to the guidelines, preoperative EKG is not medically necessary.