

Case Number:	CM15-0002677		
Date Assigned:	01/13/2015	Date of Injury:	02/17/2006
Decision Date:	04/10/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/06/2015

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: New York

Certification(s)/Specialty: Neurological Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 60-year-old male sustained an industrial injury on 02/17/2006. The injured worker complains of tingling in his long and right digits and of right shoulder discomfort. He was previously diagnosed with right shoulder impingement, supraspinatus tendinopathy and labral irregularities on the Magnetic Resonance Imaging, right long trigger finger, ongoing right elbow discomfort with anterior swelling, likely lymph node, and triceps and epicondylar tendinosis. The treating provider is requesting pre-operative electrocardiogram and laboratory studies. A physician note dated 12/12/2014 notes the injured worker has right shoulder impingement signs with mild bicipital tendinitis and breakaway weakness with supraspinatus testing. There is evidence of a right long trigger finger. He also has a mild Tinel's overlying the ulnar nerve at the elbow and mild persistent medial and lateral epicondylar signs. Magnetic Resonance Imaging of the right elbow which was done on 11/26/2014 revealed distal triceps tendinosis and tendinitis. On 12/31/2014, Utilization Review non-certified the request for pre-operative electrocardiogram and laboratory studies, citing California Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine(ACOEM), and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-Op EKG/LAB: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation ODG, 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) Spinal fusion chapter (pre-operative testing, general) and preoperative electrocardiogram.

Decision rationale: ODG guidelines recommend EKG (ECG) for patients undergoing high-risk surgery and those undergoing intermediate-risk surgeries who have additional risk factors. Documentation is not presented the injured worker has additional risk factors. The requested operation is not high-risk surgery. Guidelines indicate that except for those undergoing cataract surgery there is insufficient evidence comparing routine and per-protocol testing. Documentation does not disclose selective testing based on the clinician's findings is considered.