

Case Number:	CM15-0107136		
Date Assigned:	06/11/2015	Date of Injury:	06/05/2012
Decision Date:	07/16/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/03/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 40-year-old who has filed a claim for chronic knee, shoulder, and upper extremity pain reportedly associated with an industrial injury of June 5, 2012. In a Utilization Review report dated May 29, 2015, the claims administrator failed to approve a request for an electrocardiogram as related to a knee surgery. History and physical as related to the knee surgery was also apparently denied. The claims administrator referenced an April 15, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On said April 15, 2015 progress note, the applicant was given refills of Norco, Ambien, and Flexeril. Authorization for left knee arthroscopy was sought. Physical therapy was proposed. The applicant was given a rather proscriptive 15-pound lifting limitation. It was not clearly stated whether the applicant was or was not working with said limitation in place. The applicant's medical history was not detailed. The applicant did have multifocal pain complaints, and was using Norco, Ambien, Flexeril, it was stated towards the top of the report. Preoperative history and physical and EKG were sought in conjunction with the planned knee surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrocardiogram as related to the left knee surgery: 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), low back, preoperative testing.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208. Decision based on Non-MTUS Citation [http://emedicine.medscape.com/article/285191-overview#showallPreoperative Testing](http://emedicine.medscape.com/article/285191-overview#showallPreoperative%20Testing) Author: Gyanendra K Sharma, MD, FACC, FASE; Chief Editor: William A Schwer, MD According to 2007 American College of Cardiology (ACC)/American Heart Association (AHA) guidelines, routine ECG is not recommended in asymptomatic patients without any clinical risk factors who are to undergo a low-risk surgery.

Decision rationale: No, the request for electrocardiogram (EKG) is not medically necessary, medically appropriate, or indicated here. While the MTUS Guidelines in ACOEM Chapter 9, page 208 does acknowledge that EKG testing and possibly cardiac enzymes studies may be needed to clarify apparent referred cardiac pain, here, however, there was no mention of the applicant's having suspicion of referred cardiac pain. It was not clearly stated why EKG testing was sought. It was not clearly stated what was suspected. There was no mention of the applicant's having a significant cardiac history present on around the date in question. Medscape's preoperative testing article notes that routine EKG testing is not recommended in asymptomatic applicants without any clinical risk factors who are about to undergo a low/risk surgery. Here, the knee arthroscopy which the applicant was set to undergo was seemingly a low-risk procedure. The attending provider did not identify any clear or compelling evidence of applicant-specific risk factors such as a history of prior cardiac disease, history of earlier MI, etc., which would have compelled the EKG request at issue. Therefore, the request is not medically necessary.

History and physical as related to the left knee surgery: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), low back, preoperative testing.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation [http://emedicine.medscape.com/article/1127055-overviewDermatologic Preoperative Evaluation and Management](http://emedicine.medscape.com/article/1127055-overviewDermatologic%20Preoperative%20Evaluation%20and%20Management) Author: Robert A Schwartz, MD, MPH; Chief Editor: Dirk M Elston, MD Overview The preoperative consultation and evaluation is an important interaction between the patient and the physician.

Decision rationale: Conversely, the request for history and physical as related of the knee surgery is medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guidelines in ACOEM Chapter 5, page 92, referral may be appropriate when a practitioner is uncomfortable treating or addressing a particular cause of delayed recovery. Here, the requesting provider, a physician assistant (PA) associated with an orthopedic practice, was likely ill-equipped to address issues associated with preoperative risk/postoperative risk. Obtaining the

added expertise of a provider better-equipped and better qualified to address perioperative and/or postoperative risks was, thus, indicated. Medscape's preoperative evaluation and management article also notes that the preoperative consultation and evaluation is an important interaction between the applicant and physician. Moving forward with preoperative history and physical to stratify the applicant's risk factors prior to planned left knee surgery was, thus, indicated. Therefore, the request is medically necessary.