

Case Number:	CM15-0135256		
Date Assigned:	09/03/2015	Date of Injury:	02/20/2015
Decision Date:	10/08/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/13/2015

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: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic 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:

The injured worker is a 55 year old male who sustained a work related injury February 20, 2015. According to a treating physician's progress report, dated May 19, 2015, the injured worker presented with complaints of right knee instability and pain. He has failed physical therapy during the months of March and April. Pain is located at the level of the patella and along the joint line. An MRI of the right knee revealed a radial tear of the medial meniscus with a high-grade partial tear of the ACL, low grade injury to the popliteus tendon and the fibular collateral ligament with possible avulsion fracture of the ACL (anterior cruciate ligament). Physical examination revealed; right knee-positive Lachman test and pivot shift; medial line tenderness and positive McMurray's; positive effusion with patellofemoral ballottement and swelling; slightly restricted range of motion; left knee-within normal limits. Diagnosis is documented as right knee ACL tear, medial meniscus tear and partial thickness posterolateral corner injury. Treatment plan included right knee arthroscopy anterior cruciate ligament reconstruction medical meniscectomy, surgical assistant and history and physical all authorized. At issue, is the request for authorization for an EKG. (Electrocardiogram)

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: 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), Low back - Preoperative electrocardiogram (ECG).

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

Decision rationale: The injured worker is undergoing arthroscopic knee surgery which is a low risk surgical procedure per ODG guidelines. Preoperative electrocardiogram is recommended for patients undergoing high risk surgery and those undergoing intermediate risk surgery; who have additional risk factors. These include history of ischemic heart disease, history of compensated or prior heart failure, and history of cerebrovascular disease, diabetes mellitus or renal insufficiency. The documentation provided does not indicate any of these risk factors. Furthermore, EKGs are not indicated for low risk procedures such as arthroscopic knee surgery. As such, the request for preoperative electrocardiogram is not supported and the medical necessity of the request has not been substantiated.