

Case Number:	CM15-0146392		
Date Assigned:	08/07/2015	Date of Injury:	11/13/2010
Decision Date:	09/03/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/28/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 injured worker is a 71 year old male who sustained an industrial injury on 11-13-2010. Mechanism of injury was cumulative trauma and overcompensation. Diagnoses include carpal tunnel syndrome, and pain, osteoarthritis of the hand, trigger finger and contracture. Treatment to date has included diagnostic studies, medications, physical therapy, home exercises; status post left shoulder rotator cuff repair on 09-18-2014, and cortisone injections for the shoulder. He is not working. A physician progress note dated 03-25-2015 documents the injured worker has pain in both hands with clicking and locking in his right index finger, triggering and locking in his left right finger and long finger. He complains of tingling and numbness in his left hand and to a lesser degree in the right hand. He rates his pain 5 out of 10. Range of motion of both wrists was normal. There was tenderness over the bilateral wrists with triggering right index, left long and ring fingers. Muscle strength was normal bilaterally. Tinel's was positive bilaterally. Treatment requested is for a pre-operative EKG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative EKG (electrocardiogram): 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 chapter, preoperative electrocardiogram.

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, EKG and Other Medical Treatment Guidelines <http://www.aafp.org/afp/2013/0315/p414.html>.

Decision rationale: Pursuant to the Official Disability Guidelines and American Family Physician, preoperative EKG is not medically necessary. Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. In this case, the injured worker's working diagnoses are carpal tunnel syndrome; trigger finger; osteoarthritis of the hand and contracture. The date of injury is November 13, 2010. The request for authorization is June 24, 2015. There is no documentation in the medical record from the requesting provider. Carpal tunnel syndrome is a low-risk surgery and does not require a preoperative electrocardiogram. Additionally, there is no past medical history or co-morbid conditions documented in the medical record indicating additional workup is clinically indicated. The injured worker is scheduled for carpal tunnel syndrome surgery. The injured worker is 71 years old. The treating provider, however, did not provide subjective symptoms or objective findings or risk factors that place the injured worker at risk. Consequently, absent clinical documentation from the requesting provider with subjective complaints and objective findings and comorbid conditions and or risk factors placing the injured worker at risk, preoperative EKG is not medically necessary.