

Case Number:	CM15-0161372		
Date Assigned:	09/03/2015	Date of Injury:	06/12/2013
Decision Date:	10/06/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/18/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 52 year old female who sustained an industrial injury on 06-12-13. Initial complaints and diagnoses are not available. Treatments to date include medications, physical therapy, and injections. Diagnostic studies include MRIs of the left knee. Current complaints include pain in the bilateral knees. Current diagnoses include left knee internal derangement as well as cervical and lumbar radiculitis. In a progress note dated 07-07-15 the treating provider reports the plan of care as MRIs of the cervical and lumbar spines, left knee surgery, and medications including omeprazole and Ultram. The requested treatment includes an EKG.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 (updated 05/15/2015) Online Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pre-operative clearance.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states pre-operative clearance is needed for risk stratification and post-operative management. The need for pre-operative EKG s based on type of surgery and the patient's co-morbid conditions. The patient is not undergoing a high risk surgery nor has co-morbid conditions necessitating an EKG. Therefore, the request is not medically necessary.