

Case Number:	CM15-0162131		
Date Assigned:	08/28/2015	Date of Injury:	07/24/2013
Decision Date:	09/30/2015	UR Denial Date:	08/06/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 36 year old male, who sustained an industrial injury on 7-24-13. The injured worker has complaints of numbness and tingling in both hands, left greater than right. The documentation noted on examination that Tinel's positive at the ulnar nerve at both elbows and medial nerve at both wrists. The diagnoses have included cumulative trauma injury bilateral upper extremities; bilateral cubital tunnel syndrome and bilateral carpal tunnel syndrome. Treatment to date has included voltaren; protonix and ultram. The documentation noted on 7-22-15 the surgery authorization for ulnar nerve decompression left elbow and medial epicondylectomy and left endoscopic carpal tunnel release and the Qualified Medical Examiner is in full agreement with this plan. The request was for electrocardiogram (EKG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrocardiogram (EKG): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/20574251>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Guidelines for pre-operative cardiac risk assessment and perioperative cardiac management in non-cardiac surgery. The Task Force for Preoperative Cardiac Risk Assessment and Perioperative Cardiac Management in Non-cardiac Surgery of the European Society of Cardiology (ESC) and endorsed by the European Society of Anesthesiology (ESA). European Heart Journal (2009) 30, 2769.

Decision rationale: The claimant sustained a cumulative trauma work-related injury in July 2013 and is being treated for bilateral upper extremity pain with numbness and tingling. When seen, authorization for a left ulnar nerve decompression, carpal tunnel release, and medial epicondylectomy was requested. The claimant's BMI is over 36. He was diagnosed with hypertension in approximately 2013 and is being treated with HCTZ. On 07/01/15 his blood pressure was 152/103. On 06/02/15 his blood pressure was 128/94. Surgical interventions can be divided into low-risk, intermediate-risk, and high-risk groups. In this case, the claimant has known hypertension. A single elevated blood pressure result is documented with no associated symptoms and with a normal blood pressure one month before. He would likely be at low risk for the planned procedure. Obtaining medical clearance or testing including an EKG is not medically necessary.