

Case Number:	CM15-0199535		
Date Assigned:	10/14/2015	Date of Injury:	04/20/2010
Decision Date:	12/02/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/09/2015

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 53 year old female with an industrial injury dated 04-20-2010. A review of the medical records indicates that the injured worker is undergoing treatment for compressive neuropathy affecting the right peroneal and posterior tibial nerves in the right distal leg. In a progress report dated 07-14-2015, the injured worker presented for neurosurgical re-exam. The injured worker reported pain in the right foot rated 7 out of 10 with no subjective complaints of any cardiac concerns. Objective findings (07-14-2015) included a neurological exam which revealed a positive Tinel sign in the distribution of the right posterior tibial nerve and the right peroneal nerve with no documentation of any cardiac concerns. The treating physician reported that the electromyography (EMG) and nerve conduction study on 04-29-2015 was consistent with distal right tibial neuropathy. Treatment has included diagnostic studies, prescribed medications, physical therapy and periodic follow up visits. Treatment plan included surgery to decompress the right posterior tibial nerve including the planar nerve. The utilization review dated 09-10-2015, non-certified the request for Pre op: Electrocardiogram (EKG) 12 leads and Pre op: Chest x-ray 1 view.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre op: Electrocardiogram (EKG) 12 leads: 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.

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: ODG guidelines indicate preoperative electrocardiograms for patients undergoing high-risk surgery and those undergoing intermediate risk surgery who have additional risk factors. The risk factors include history of ischemic heart disease, history of compensated or prior heart failure, history of cerebrovascular disease, diabetes mellitus or renal insufficiency. In this case, there are no risk factors. The surgical procedure is not a high-risk procedure under these guidelines. As such, the request for a preoperative electrocardiogram is not supported and the medical necessity of the request has not been substantiated. Pre op: Electrocardiogram (EKG) 12 leads is not medically necessary.

Pre op: Chest X-ray 1 view: 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.

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 testing, general.

Decision rationale: ODG guidelines recommend a chest x-ray for patients at risk of pulmonary complications if the results would change perioperative management. The injured worker is not undergoing a procedure with high risk of postoperative pulmonary complications. As such, the request for a preoperative chest x-ray is not supported by evidence-based guidelines and the medical necessity of the request has not been substantiated. Pre op: Chest X-ray 1 view is not medically necessary.