

<b>Case Number:</b>	CM15-0033625		
<b>Date Assigned:</b>	02/27/2015	<b>Date of Injury:</b>	09/26/2014
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	02/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 58 year old female, who sustained an industrial injury on 09/26/2014. She has reported subsequent wrist, shoulder and upper extremity pain and was diagnosed with right carpal tunnel syndrome, right shoulder impingement and right upper extremity overuse. Treatment to date has included oral pain medication, wrist splint, physical and occupational therapy. In a progress note dated 12/22/2014, the injured worker complained of right shoulder pain and numbness of the right hand. There was no cardiovascular examination findings documented. A request for authorization of an echocardiogram was made. There was no medical documentation submitted that pertains to the current treatment request. On 02/09/2015, Utilization Review non-certified a request for an echocardiogram, noting that there was no indication for performing the test. A.D.A.M. Medical Encyclopedia guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Echocardiogram:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.ncbi.nlm.nih.gov](http://www.ncbi.nlm.nih.gov).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation journal Circulation.1997; 95: 1686-1744, the ACC/AHA Guidelines for the Clinical Application of Echocardiography Official disability guidelines lumbar chapter, preoperative electrocardiogram (ECG).

**Decision rationale:** The 2/09/15 Utilization Review letter states the Echocardiogram for pre-operative clearance for a carpal tunnel surgery was denied because the carpal tunnel surgery is a short low-risk procedure that can readily be done with regional anesthesia. The orthopedic reviewer states the patient has history of hypertension, but no other cardiac disease. MTUS/ACOEM did not discuss echocardiogram. Other guidelines were used. In the journal Circulation.1997; 95: 1686-1744, the ACC/AHA Guidelines for the Clinical Application of Echocardiography, for systemic hypertension states Echocardiography is the noninvasive procedure of choice in evaluating the cardiac effects of systemic hypertension. "M-mode and two-dimensional echocardiographic estimates of LV mass are more sensitive and specific than either the ECG or chest radiograph in diagnosing LV hypertrophy or concentric remodeling". The echocardiogram is more sensitive and more specific than the ECG. ODG-TWC guidelines do have preoperative references for ECG. ODG guidelines, lumbar chapter for preoperative electrocardiogram (ECG) states: Preoperative ECG is recommended for patients with known CHD, peripheral arterial disease, or cerebrovascular disease. The guideline also states: Patients undergoing low-risk surgery do not require electrocardiography. The carpal tunnel release is a low-risk surgery and does not require electrocardiography, and therefore would not require the more sensitive and more specific echocardiogram. The request for Echocardiogram IS NOT medically necessary.