

<b>Case Number:</b>	CM15-0036914		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	02/26/2013
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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 50 year old male, who sustained an industrial injury on 2/26/2013. The diagnoses have included left ankle posttraumatic arthropathy, foot pain and knee pain. Treatment to date has included open reduction internal fixation left ankle 2013, physical therapy, injections and medication. According to the progress report dated 1/23/2015, the injured worker complained of pain in the anterior medial ankle. Physical exam revealed tenderness to palpation in the left anteromedial ankle. He had a bursal sac over the hardware on the lateral aspect of the ankle. There was mild tenderness in the anterolateral ankle as well. Recommendation was for a left ankle arthroscopic extensive debridement and removal of hardware. On 2/18/2015 Utilization Review (UR) non-certified a request for a pre-operative electrocardiogram. The Official Disability Guidelines (ODG) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-op EKG:** 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: Low Back, Topic: Preoperative electrocardiography.

**Decision rationale:** The injured worker is undergoing a low risk procedure consisting of arthroscopy and hardware removal. There is no history of cardiovascular risk factors such as cardiac conditions, cerebrovascular conditions, or peripheral vascular conditions. ODG guidelines recommend preoperative EKGs in the presence of a history of ischemic heart disease, history of compensated or prior heart failure, and history of cerebrovascular disease, diabetes or renal insufficiency. EKGs are not indicated for low risk procedures. As such, the request for a preoperative electrocardiogram is not supported, and the medical necessity of the request has not been substantiated.