

<b>Case Number:</b>	CM15-0047595		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	10/23/2012
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 female, who sustained an industrial injury on 10/23/2012, due to repetitive work activities while employed as a grocery store clerk. The injured worker was diagnosed as having post-traumatic right thoracic outlet syndrome and right ulnar neuropathy. Treatment to date has included conservative measures, including diagnostics and medications. Magnetic resonance imaging of the right shoulder and brachial plexus (10/21/2014) reports were noted. Electromyogram and nerve conduction studied of the right upper extremity were referenced. Currently, the injured worker complains of right subclavicular pain, with radiation to the right shoulder blade and right hand and associated with weakness and numbness. Pain was rated at 8. A physical exam was documented and the treatment plan included a decompression of the right brachial plexus and right ulnar nerve was noted. The rationale for an echocardiogram was not noted. The previous progress report, dated 1/20/2015, noted her past medical history as "no history of serious medical illnesses."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EKG 12 leads, chest x-ray 1 view; echocardiogram (stress test): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.

Decision based on Non-MTUS Citation

<http://content.onlinejacc.org/article.aspx?articleid=1893784><http://www.aafp.org/afp/2000/0715/p387.html>.

**Decision rationale:** Pursuant to the American College of Cardiology, an EKG 12 lead, chest x-ray one view, echocardiogram, and stress test are not medically necessary. A history and physical examination, focusing on risk factors for cardiac, pulmonary and infectious complications, and a determination of a patient's functional capacity, are essential to any preoperative evaluation. In addition, the type of surgery influences the overall perioperative risk and the need for further cardiac evaluation. Routine laboratory studies are rarely helpful except to monitor known disease states. Patients with good functional capacity do not require preoperative cardiac stress testing in most surgical cases. Unstable angina, myocardial infarction within six weeks and aortic or peripheral vascular surgery place a patient into a high-risk category for perioperative cardiac complications. Patients with respiratory disease may benefit from perioperative use of bronchodilators or steroids. In this case, the injured worker's working diagnoses are posttraumatic right thoracic outlet syndrome; and right ulnar neuropathy. The injured worker is scheduled for decompression of the right brachial plexus and right ulnar nerve. A preoperative consultation was authorized for the procedure. Documentation in the progress note dated April 7, 2014 shows the injured worker does not have any heart related medical problems, hypertension, asthma or diabetes. The injured worker is 51 years old. Although a 12 lead electrocardiogram and chest x-ray are clinically indicated, there is no clinical documentation with an indication or rationale for echocardiogram and a stress test based on the available past medical history and history of present illness of the injured worker. The history and physical examination should focus on risk factors for cardiac complications. Patients with good functional capacity do not require preoperative cardiac stress testing in most surgical cases. The injured worker does not have unstable angina or history of prior myocardial infarction. Consequently, the injured worker is not in a high-risk category for perioperative cardiac complications. Consequently, absent clinical documentation with the risk factors placing the injured worker in a high-risk category for heart disease, a stress test and echocardiogram are not clinically indicated. The injured worker is 51 years old and a 12 lead electrocardiogram and chest x-ray are not unreasonable based on the nature of the surgery. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, a 12 lead EKG 12, chest x-ray one view, echocardiogram, and stress test are not medically necessary.