

<b>Case Number:</b>	CM15-0051545		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	06/08/2004
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2015

### 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: Illinois, California, Texas  
 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 male who sustained an industrial injury on 6/08/04. Injury was sustained to the right elbow and wrist when he was bending a ring on a cage. Past surgical history was positive for anterior cervical discectomy and fusion at C5/6 and C6/7 in 2006 and L3 to S1 global decompression, fusion and instrumentation in 2007. The 11/13/14 electrodiagnostic study documented evidence of mild right carpal tunnel syndrome and mild cubital tunnel syndrome. The 2/11/15 treating physician report cited constant right arm pain with numbness and tingling in the median and ulnar nerve distributions, and frequent nighttime symptoms. He is a current every day smoker, 0.60 packs per day. Physical exam documented full right elbow and wrist range of motion, full composite grip and normal upper extremity strength. Phalen's was positive on the right with positive elbow flexion test. Tinel's was positive over the right cubital and carpal tunnel. The treating physician report reported that the patient had no specific treatment, but had extensive activity modification and his symptoms had worsened. On 2/13/15, the provider requested authorization for right carpal tunnel and cubital tunnel surgery and pre-op EKG. The 2/24/15 utilization review denied the request for pre-operative EKG as the associated surgery was deemed not medically necessary based on an absence of detailed conservative treatment trial and failure.

### 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:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38.

**Decision rationale:** The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines state that an EKG may be indicated for patients with known cardiovascular risk factors or for patients with risk factors identified in the course of a pre-anesthesia evaluation. Middle-aged men who are smokers have increased cardiovascular risk factors, which would support pre-procedure EKG. However, there is no current documentation in the submitted records that the associated surgical procedure has met guideline criteria for certification. Therefore, this request is not medically necessary.