

Case Number:	CM14-0132355		
Date Assigned:	08/22/2014	Date of Injury:	10/16/2013
Decision Date:	09/29/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/19/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 49-year-old female sustained an industrial injury on 10/16/13. Injury occurred when she felt her wrist snap while taping boxes. Past medical history was positive for dyslipidemia, anemia, and gastroesophageal reflux disease. The 7/23/14 right wrist MRI showed a partial triangular fibrocartilage complex (TFCC) tear with probable interstitial tear or tendinosis of the extensor carpi ulnaris (ECU) tendon. The 8/7/14 orthopedic report cited persistent right wrist pain, clicking and instability. Physical exam documented lateral and volar wrist pain with positive Tinel's and lack of grip strength. The treatment plan requested right wrist arthroscopy, TFCC repair, and ECU tear debridement versus repair. The 8/15/14 utilization review approved the request for right wrist surgery but denied the request for an EKG as only females over the age of 50 require an EKG.

IMR ISSUES, DECISIONS AND RATIONALES

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

EKG: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: 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. Guideline criteria have been met. Middle aged females with dyslipidemia have known occult increased cardiovascular risk factor to support the medical necessity of a pre-procedure EKG. Therefore, this request is medically necessary.