

Case Number:	CM14-0210704		
Date Assigned:	12/23/2014	Date of Injury:	08/11/2011
Decision Date:	02/20/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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: Orthopedic Surgery, Sports 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 58-year-old male who reported an injury on 08/11/2011. The mechanism of injury was due to a fall. The injured worker has diagnoses of right rotator cuff tear, failed right rotator cuff repair in 10/2011, revision repair of right rotator cuff in 12/2011, and clinical evidence of rotator cuff tear of the left shoulder. Other therapies consist of surgery, physical therapy and medication therapy. On 05/16/2014, the injured worker underwent an MRI of the left shoulder without contrast, which revealed moderate cuff tendinosis with the distal 9 mm of the cuff showing increased signal intensity and small interstitial tear adjacent to the articular surface distal 10 mm of the cuff; chronic SLAP tear superior labrum biceps labral complex; tendinosis intra-articular biceps and intact inferior glenohumeral ligament labral complex. On 10/02/2014, the injured worker was seen for followup appointment. The progress note stated that there were no changes in subjective or objective complaints. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-Operative 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 (updated 11/21/14), Pre-Operative Electrocardiogram (ECG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Preoperative electrocardiogram (ECG).

Decision rationale: The request for preop EKG is not medically necessary. The Official Disability Guidelines state preoperative electrocardiograms are recommended for patients undergoing high risk surgery and those undergoing intermittent risk surgery who have additional risk factors. Patients undergoing low risk surgery do not require electrocardiography. There were no indicates in the submitted documentation of the injured worker being scheduled or undergoing any type of surgery. There was no rationale submitted for review to warrant the request. Given the above, medical necessity cannot be established. As such, the request for pre-operative EKG is not medically necessary.