

Case Number:	CM14-0211451		
Date Assigned:	01/09/2015	Date of Injury:	11/12/2014
Decision Date:	03/05/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/17/2014

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: 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 46-year-old female with a date of injury of 11/12/2014. The mechanism of injury was not documented. There was a history of a prior anterior cruciate reconstruction in 1989. The injured worker is 5 feet 2 inches tall and weighs 150 pounds. Her body mass index is 21.21. She is a nonsmoker and has no cardiac history. X-rays of the right knee dated 11/17/2014 showed status post anterior cruciate ligament reconstruction. There was no joint space narrowing on the weight bearing films. The sunrise view showed lateral tilting of the patella. MRI scan of the right knee dated 11/18/14 documented status post ACL repair. The graft appeared somewhat attenuated and thinned and was thought to be partially torn. Horizontal cleavage tear of the posterior horn of the medial meniscus was noted. Mild chondromalacia was noted in the medial compartment. There was a small Bakers cyst. Arthroscopy for the right knee was authorized on appeal. The disputed request pertains to a preoperative electrocardiogram. The injured worker has type 1 diabetes but there is no cardiac history. She is a nonsmoker. She is otherwise healthy. Therefore the request for the preoperative electrocardiogram was noncertified. This is now appealed to an independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associate Surgical Service: EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmedhealth/PMH0004319/

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Section: Low Back, Topic; Pre-operative electrocardiography.

Decision rationale: ODG guidelines consider arthroscopy of the knee as a lower risk surgical procedure. The guidelines state that patients undergoing low risk surgery do not require electrocardiography. Preoperative or postoperative resting 12-lead EKGs are not indicated in asymptomatic persons undergoing low risk surgical procedures. As such, the request for a preoperative electrocardiogram is not supported and the medical necessity is not substantiated.