

<b>Case Number:</b>	CM15-0004505		
<b>Date Assigned:</b>	01/15/2015	<b>Date of Injury:</b>	12/04/2012
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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: New York  
Certification(s)/Specialty: Neurological 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 47 year old male, who sustained an industrial injury on 12/04/2012. The diagnoses have included right shoulder impingement and rotator cuff tear. Currently, the IW complains of ongoing discomfort in the right shoulder. There is difficulty raising the shoulder without some weakness. The pain is mainly activity related. There is difficulty sleeping on that side. Objective findings included very mild tenderness over the AC joint. There is tenderness along the acromion anteriorly and laterally. There is a deficit in strength with forward flexion, subluxation and abduction. O'Brien's sign is negative. There is a positive impingement sign to internal rotation. On 12/11/2014, Utilization Review non-certified a request for electrocardiogram (EKG) and preoperative lab work. On 1/08/2015, the injured worker submitted an application for IMR for review of electrocardiogram (EKG) and preoperative lab work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electrocardiogram:** Upheld

**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 Physical Therapy Chapter-pre-operative Electrocardiogram

**Decision rationale:** According to ODG guidelines pre-operative electrocardiograms are recommended for patients undergoing high risk operations. Documentation does not show the worker is undergoing high risk surgery. Guidelines also recommend electrocardiograms for patients undergoing intermediate risk surgery if they have additional risk factors. Documentation does not disclose this is present for this worker. Therefore, the requested treatment: electrocardiogram is not medically necessary or appropriate.

**Associates Surgical Services: Pre-operative Labwork:** Upheld

**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 Physical therapy chapter-pre-operative testing (general)

**Decision rationale:** The ODG guidelines indicate pre-operative labwork would be recommended if for example the worker had comorbidities whose post-operative management would be impacted by the test results. Lab work would be indicated for example if there were a high likelihood of the diagnosis of diabetes mellitus which would impact post-operative management. Documentation does not support evidence that such comorbidities existed. Thus the requested treatment: Associated surgical services: pre-operative lab work is not medically necessary or appropriate.