

Case Number:	CM15-0012554		
Date Assigned:	01/30/2015	Date of Injury:	07/27/2014
Decision Date:	03/18/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/21/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 41 year old male, who sustained an industrial injury on 7/27/2014. The diagnoses have included left shoulder impingement and right lateral epicondylitis. Past medical history included diabetes mellitus, asthma, hypertension and high cholesterol. Treatment to date has included physical therapy, acupuncture, injections and pain medications. The injured worker underwent left shoulder arthroscopic subacromial decompression on 10/14/2014. According to the progress report dated 10/8/2014, pre-operative clearance was requested for surgery for left shoulder Superior Labrum Anterior and Posterior (SLAP) tear. The injured worker complained of left shoulder pain. Current medications included insulin, Lyrica, Benazepril, aspirin, statin and inhalers. Per this report, an electrocardiogram was performed. According to the progress report dated 12/3/2014, the injured worker was being seen for the elbow and the shoulder. The right elbow was worse. He injured worker had had three injections into the lateral epicondyle; the first two of which helped, the most recent did not help. The injured worker wanted to proceed with surgical treatment. Exam of the right elbow revealed tenderness to palpation laterally over the epicondyle. Authorization was requested for right lateral epicondyle bursectomy and extensor tendon release. On 1/5/2015, Utilization Review (UR) non-certified a request for an electrocardiogram. A non-MTUS, ACOEM Guideline was cited. The guideline A.D.A.M Medical Encyclopedia (Internet) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Family Physician

Decision rationale: According to the guidelines, low and intermediate risk surgeries in those with no signs or history of heart disease do not require preoperative EKG. In this case, the claimant was not known to have heart disease. In addition, the elbow bursectomy is considered low risk. As a result, the EKG is not medically necessary.