

<b>Case Number:</b>	CM15-0017288		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	11/02/2012
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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: Illinois, California, Texas  
 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 29 year old female, who sustained an industrial injury on 11/2/12. Injury occurred when a student grabbed her left wrist. She was diagnosed with bilateral carpal tunnel syndrome. A right carpal tunnel release was performed on 7/22/14. The 12/3/14 left upper extremity electrodiagnostic study revealed evidence of mild carpal tunnel syndrome. The 12/17/14 treating physician report cited increasing left 4th and 5th digit numbness and cramping pain from her left hand up to the elbow. She had difficulty sleeping due to left shoulder pain and spasms. She reported that her fingers go numb and cramp up when she tries to lift a heavy object. Tightness is reported radiating from her left hand through the wrist. Vital signs included blood pressure 110/60, and pulse of 93. Physical exam documented difficulty making a tight fist, decreased sensation at the finger tips, and positive Tinel's and Phalen's at the left carpal tunnel. She was continuing physical therapy for the left wrist, taking Celebrex, and using a TENS unit. A left carpal tunnel release was pending. The 1/6/15 pre-operative EKG findings documented sinus tachycardia, possible inferior infarct - age indeterminate, and anteroseptal T wave changes may be due to myocardial ischemia. A 1/6/15 prescription was noted for echocardiogram due to abnormal EKG. On January 16, 2015, Utilization Review non-certified pre-operative cardiologist clearance with echocardiogram as an outpatient, noting that there was insufficient information provided, and it was not clear why a specialist clearance was needed, or what primary care assessment had been done for the injured worker's sinus tachycardia. The MTUS American College of Occupational and Environmental Medicine Guidelines and the Official Disability

Guidelines (ODG) were cited. On January 29, 2015, the injured worker submitted an application for IMR for review of pre-operative cardiologist clearance with echocardiogram as an outpatient.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Pre-Operative Cardiologist Clearance With Echocardiogram as an outpatient: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, Independent Medical Examinations and Consultations, p. 127

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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 Medical Treatment Utilization Schedule and the Official Disability Guidelines do not provide recommendations relative to echocardiography. Evidence based medical guidelines state that Preanesthesia cardiac evaluation may include consultation with specialists and ordering, requiring, or performing tests that range from noninvasive passive or provocative screening tests (e.g, stress testing) to noninvasive and invasive assessment of cardiac structure, function, and vascularity (e.g., echocardiogram, radionucleotide imaging, cardiac catheterization). Clinical characteristics to consider include cardiovascular risk factors and type of surgery. Guideline criteria have been met. Given the findings on the pre-operative EKG suggestive of myocardial ischemia and the severity of left upper extremity symptoms versus mild electrodiagnostic evidence, proceeding with a pre-operative cardiologist clearance with echocardiogram as an outpatient seems prudent. Therefore, this request is medically necessary.