

<b>Case Number:</b>	CM15-0018356		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	05/08/2014
<b>Decision Date:</b>	06/12/2015	<b>UR Denial Date:</b>	01/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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: California, Indiana, Oregon  
 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, who sustained an industrial injury on May 8, 2014. She reported right upper extremity and elbow pain radiating down the forearm, bilateral wrist pain and low back pain. The injured worker was diagnosed as having right lateral epicondylitis, right medial epicondylitis and normal electromagnetic and nerve conduction studies of the upper extremities in 2014, bilateral wrist pain, low back pain and radiculitis of the lower extremities. Treatment to date has included radiographic imaging, diagnostic studies, therapy, injections, medications and work restrictions. Currently, the injured worker complains of right elbow pain radiating down the forearm, bilateral wrist pain and low back pain with associated lower extremity radiculitis. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Magnetic resonance imaging (MRI) of the left elbow on July 28, 2014, revealed multiple abnormalities including degenerative changes. MRI of the lumbar spine on August 9, 2014, revealed disc protrusions and degenerative changes. MRI of the right wrist revealed segment instability. Evaluation on September 30, 2014, revealed continued pain as noted. Medications were renewed. Surgical intervention of the elbow was recommended. Surgical clearance was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-Operative Clearance (US/Chest X-Ray, EKG): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter Preoperative lab testing.

**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.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of preoperative clearance and testing. ODG, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. ODG states, that these investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Preoperative ECG in patients without known risk factor for coronary artery disease, regardless of age, may not be necessary. Electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate risk surgery who have additional risk factors. Patients undergoing low risk surgery do not require electrocardiography. Based on the information provided for review, there is no indication of any of these clinical scenarios present in this case. In this case the patient is a healthy 46 year old without comorbidities or physical examination findings concerning to warrant preoperative testing prior to the proposed surgical procedure. Since there is no evidence that ECG or laboratory studies are medically necessary, the request for preoperative clearance is not medically necessary.