

Case Number:	CM15-0117220		
Date Assigned:	06/25/2015	Date of Injury:	12/23/2014
Decision Date:	07/24/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/17/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 (IW) is a 43-year-old male who sustained an industrial injury to multiple body areas on 12/23/2014 due to a motorcycle accident. Diagnoses include right wrist sprain, lumbar sprain, left knee internal derangement and scapula fracture. Treatment to date has included medications, physical and occupational therapy, joint injections and home exercise program. According to the progress notes dated 6/2/15, the IW reported for follow-up care of the left shoulder, right wrist, left knee and lumbar spine injuries. On examination, there was noticeable deformity of the left scapula overlying the ribs, with tenderness to the posterior ribs and the L4 and L5 vertebrae. The left shoulder was tender to palpation at the biceps tendon, rotator cuff, supraspinatus and infraspinatus. Hawkin's, apprehension and Yergason signs were positive. Tinel's sign was positive at the bilateral elbows and the wrists; Phalen's sign was also positive at the right wrist, with pain. An MRI of the left shoulder on 5/19/15 showed, in part, healing fractures of the scapular body and the base of the acromion; healing, comminuted fracture of the left scapular body; healed fracture at the base of the left acromion, where a smaller callus formation was identified, but the fracture line was still evident. A request was made for a pre-operative EKG for anticipated left shoulder arthroscopy with subacromial decompression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Preop Electrocardiography (EKG): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) ODG Treatment Integrated Treatment/Disability Duration Guidelines, Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain, Pre-cardiac evaluation, page 766.

Decision rationale: Review indicates the patient is scheduled for shoulder surgery with current requests to include preoperative EKG diagnostics. Submitted reports have not identified any subjective symptoms, clinical findings, diagnosis, or medical risk factors and comorbidities involving cardiopulmonary disorders such as recent upper respiratory infection, chronic obstructive pulmonary diseases, long-term smoking, and cardio-circulatory diseases to support for the routine preoperative tests. Criteria for diagnostic EKG includes demonstrated cardiovascular/ coronary disease, history of arrhythmia and syncope/seizures with comorbid risk factors, not identified here. The Pre-op Electrocardiography (EKG) is not medically necessary and appropriate.