

<b>Case Number:</b>	CM15-0124886		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	09/02/2013
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 34-year-old female with an industrial injury dated 09-02-2013. The injury is documented as occurring when she was coming down a ladder and it unlocked, shifting causing her to fall. She complained of injury in her left knee. Her diagnoses included right knee strain-sprain, left knee strain-sprain, left knee meniscal tear, left ankle pain and gastrointestinal complaints, rule out gastritis. Prior treatment included physical therapy, hot compression and TENS unit. She presented on 06-04-2015 with complaints of pain in bilateral knees and left ankle. She rates her pain as 8-10 which is an increase from 7-10 on the last visit. She also complained of gastrointestinal pain, which she rates as 5-10. Physical exam noted tenderness to palpation of bilateral knees, which has remained the same since her last visit. McMurray's test was positive bilaterally. There was tenderness to the left ankle. She is pending left knee surgery scheduled on 08-19-2015. The treatment request is for Electrocardiogram-Echo as an outpatient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electrocardiogram/Echo as an outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM chapter 7, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Guidelines for pre-operative cardiac risk assessment and perioperative cardiac management in non-cardiac surgery. The Task Force for Preoperative Cardiac Risk Assessment and Perioperative Cardiac Management in Non-cardiac Surgery of the European Society of Cardiology (ESC) and endorsed by the European Society of Anesthesiology (ESA). European Heart Journal (2009) 30, 2769.

**Decision rationale:** The claimant sustained a work-related injury in September 2013 and left knee arthroscopic surgery for a medial meniscus and ACL tear was being planned. The claimant had no past medical history or past surgical history. Her BMI was 31 and she is a nonsmoker. Pre-operative testing was requested. Surgical interventions can be divided into low-risk, intermediate-risk, and high-risk groups. In this case, the claimant is otherwise healthy. Major orthopedic surgery was not being planned. She would likely be at low risk for the planned procedure. The requested cardiac testing was not medically necessary.