

Case Number:	CM15-0125118		
Date Assigned:	07/09/2015	Date of Injury:	12/05/2012
Decision Date:	08/25/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 64-year-old who has filed a claim for chronic knee and shoulder pain reportedly associated with an industrial injury of December 5, 2012. In a June 25, 2015 Utilization Review report, the claims administrator failed to approve a request for a postoperative outpatient EKG. Non-MTUS guidelines were invoked, despite the fact that the MTUS addressed the topic. The claims administrator referenced a June 1, 2015 progress note in its determination. The claims administrator contended that evidence-based guidelines had been incorporated into the body of the report but did not, in fact, refer to or cite said guidelines. On said June 1, 2015 progress note, the applicant reported ongoing complaints of knee and shoulder pain, 6-8/10. The applicant had undergone shoulder surgery in the remote past, in May 2013, it was reported. The applicant was using Norco on a twice daily basis. The applicant was depressed and had not worked for several months, it was acknowledged, admittedly through usage of preprinted checkboxes. Work restrictions were endorsed, although it did not appear that the applicant was working. The note was very difficult to follow as it comprised largely of cited guidelines. A knee arthroscopy was sought. There was no mention of the applicant's having any issues with chest pain at this point. On June 29, 2015, the attending provider reiterated his request for the knee arthroscopy in question. It was again suggested that the applicant was not working. Norco was renewed. There was no mention of the applicant's having any cardiac issues at this point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Operative EKG as outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Preoperative Evaluation AM Fam Physician. 2000 Jul 15; 62 (2): 387-396.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

Decision rationale: No, the request for a postoperative outpatient EKG was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 9, page 208 does acknowledge that electrocardiography may be needed to clarify apparent referred cardiac pain, here, however, there was no mention or suspicion of the applicant's having issues with suspected referred cardiac pain on progress notes of June 1, 2015 or June 29, 2015, referenced above. It was not clearly stated or clearly established why EKG testing is being sought if the applicant did not have any suspected cardiac disease. There was no mention of the applicant's having chest pain on those dates. A clear rationale for the EKG testing in question was not furnished on either progress note of June 1, 2015 or June 29, 2015. There was, furthermore, no mention of the applicant's having a history of prior cardiomyopathy, cardiac ischemia, coronary artery disease, etc., on either office visit in question. Therefore, the request was not medically necessary.