

<b>Case Number:</b>	CM15-0128627		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	04/29/2015
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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: Minnesota, Florida  
 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 31 year old male who sustained an industrial injury on 4/29/15. He had complaints of left ankle pain. Admission history and physical report dated 5/6/15 reports admission exam for open repair of a fracture-dislocation of the left ankle involving a fracture of the fibular shaft and complete rupture of the medial collateral ligaments of the left ankle. Diagnoses included: fracture of fibular shaft, rupture of medial collateral ligaments of left ankle and displacement of talus 1 cm laterally left. Plan of care included: surgery - open repair of left ankle, pre-op testing and clearance: CBC, CMP, PT, INR, PTT, EKG and chest x-ray, general anesthesia, antibiotics and post-op outpatient physical therapy twice weekly for 4 weeks. The current request is for removal of syndesmotomic screws and preoperative labs, EKG, and Chest X- ray. UR modified the request to preoperative labs but non-certified the EKG and Chest X-ray.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Preoperative EKG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2014 ACC/AHA Guideline.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Low Back, Topic: Preoperative Electrocardiography.

**Decision rationale:** The injured worker is a 31-year-old male with a date of injury of 4/29/15. He underwent open reduction and internal fixation of a fracture of the fibular shaft with repair of collateral ligaments on 5/8/2015. The current request pertains to removal of the syndesmotic screws and preoperative labs, EKG and chest x-ray. Utilization review certified the labs but noncertified the chest x-ray and EKG. ODG guidelines were cited. CA MTUS guidelines do not address this topic. ODG guidelines recommend preoperative EKG for high risk surgical procedures and intermediate risk surgical procedures in the presence of risk factors such as a history of ischemic heart disease, compensated or prior heart failure, and cerebrovascular disease, diabetes or renal insufficiency. Removal of the syndesmotic screws is considered a relatively simple procedure. The documentation provided does not indicate any risk factors. As such, the guidelines do not recommend preoperative EKG and the medical necessity of the request has not been substantiated. The request is not medically necessary.

**Preoperative chest x-ray:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2014 ACC/AHA Guideline.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Low Back, Topic: Preoperative testing, general.

**Decision rationale:** With regard to the request for chest radiography the ODG guidelines indicate that it is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. In this case, the injured worker will be ambulatory after surgery and there is no significant risk of postoperative pulmonary complications. As such, the request for a preoperative chest x-ray is not medically necessary.