

Case Number:	CM15-0179386		
Date Assigned:	09/21/2015	Date of Injury:	10/08/2013
Decision Date:	10/23/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/14/2015

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: North Carolina
Certification(s)/Specialty: Family Practice

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 51 year old male who sustained an industrial injury on 10-8-2013. A review of medical records indicates the injured worker is being treated for right greater trochanter bursitis, cervical strain, right shoulder AC joint degenerative joint disease, right shoulder impingement syndrome versus rotator cuff tear, right wrist contusion resolved, and right hip contusion. Medical records dated 9-1-2015 noted neck pain radiating down the right arm rated a 6-8 out 10 on VAS, right shoulder pain rated an 8 out 10, right wrist pain rated a 6 out 10, and low back pain radiating into the right buttocks and lateral thigh rated a 6 out 10. It is noted he has difficulty with activities of daily living. Physical examination dated 9-1-2015 noted palpable tenderness over the right AC joint as well as over the anterolateral aspect of the right shoulder. Range of motion was decreased and painful. Treatment has included medications. Utilization review form dated 9-2-2015 noncertified 1 Electrocardiogram as related to the right shoulder surgery as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Electrocardiogram (EKG), as related to right shoulder surgery as outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pre-operative clearance/ EKG.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG recommends pre-operative EKG for risk stratification and post-operative management in patients undergoing high risk surgery or with risk factors. The patient is not undergoing a defined high risk surgery and has no risk factors necessitating an EKG. Therefore the request is not medically necessary.