

<b>Case Number:</b>	CM15-0077520		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	06/10/2012
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2015

### 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 39 year old female who sustained a work related injury June 10, 2012. According to an orthopedic consultation report dated March 6, 2015, the injured worker presented with ongoing right knee pain. The physician documents an MRI of the right knee dated May 2014, show evidence of a meniscus tear with degeneration. Past history included hypertension, depression and anxiety. An examination of the right knee reveals diffuse tenderness with palpation over the medial compartment, with knee range of motion 0 to 125 degrees of flexion and minor crepitation. Diagnosis is documented as right knee medial meniscus tear. Treatment plan included recommendation for right knee arthroscopy with medial meniscectomy and debridement. At issue, is the request for an electrocardiogram (EKG).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated Surgical Service: Electrocardiogram (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 (ODG), Low Back, Procedure Summary, Preoperative testing, Preoperative electrocardiogram.

**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:** ODG guidelines recommend preoperative electrocardiography in patients undergoing high risk surgery and those undergoing intermediate risk surgery who have additional risk factors. Arthroscopy of the knee is classified as a low risk surgical procedure. Preoperative and postoperative resting 12-lead EKGs are not indicated in asymptomatic patients undergoing low risk surgical procedures. As such, the request for a preoperative EKG is not supported by evidence-based guidelines and the medical necessity of the request has not been substantiated.