

<b>Case Number:</b>	CM13-0015210		
<b>Date Assigned:</b>	10/07/2013	<b>Date of Injury:</b>	10/01/2012
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	07/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Cardiology and is licensed to practice in Texas. 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 physician 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/services.

### 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 patient is a 44-year-old male with a reported date of injury on 01/01/1995. The provider noted the patient's chest was within normal limits, abdomen was within normal limits, and the patient's heart was within normal limits. The patient had diagnoses including musculoskeletal injuries, emotional stress, hypertension, diabetes mellitus, ruled out diabetic neuropathy, status post toe amputation, palpitations, and possible underlying heart disease. The provider's treatment plan included a request for an electrocardiogram, routine ECG with at least 12 leads, with interpretation and report.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electrocardiogram, routine ECG with at least 12 leads, with interpretation and report:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Preoperative electrocardiogram (ECG)

**Decision rationale:** The California MTUS guidelines and ACOEM do not specifically address electrocardiogram. The Official Disability Guidelines recommend the use of electrocardiogram for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who

have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Preoperative ECGs in patients without known risk factors for coronary disease, regardless of age, may not be necessary. Within the provided documentation, the physician noted the ECG was ordered as a routine lab. The provider's rationale for the request does not coincide with the guideline recommendations. Therefore, the request for electrocardiogram, routine ECG with at least 12 leads, with interpretation and report is neither medically necessary nor appropriate.