

<b>Case Number:</b>	CM13-0058602		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/30/2003
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	11/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a patient with a date of injury of 1/30/03. A utilization review determination dated 11/6/13 recommends non-certification of EKG. A 12/16/13 medical report identifies no change in peripheral edema, on-going diarrhea, improving constipation, and on-going gastroesophageal reflux disease (GERD) symptoms controlled with proton pump inhibitor and diet. No change in the frequent abdominal pain and improved bright red blood per rectum over the last month. She reports an average blood pressure of 130-150/79-89 and average fasting blood glucose of 140. She denies shortness of breath and reports occasional chest pain secondary to anxiety. On exam, she is ambulating using a cane. The patient's diagnoses include GERD secondary to NSAIDs, IBS, hemorrhoids, diabetes, hypertension, hyperlipidemia, obstructive sleep apnea, peripheral edema, elevated liver function test, diverticulosis, and chest pain, likely secondary to anxiety.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EKG PER REPORT DATED 9/27/13:** 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 <http://www.aafp.org/afp/2000/0201/p884.html>.

**Decision rationale:** Regarding the request for EKG, California MTUS and ODG do not address the issue. The AAFP supports ambulatory EKG for various indications including: for the evaluation of symptoms of cardiac arrhythmias; for risk assessment in patients who have sustained a myocardial infarction, have congestive heart failure or have hypertrophic cardiomyopathy; for the evaluation of antiarrhythmic therapy, or pacemaker or implantable cardioverter-defibrillator function; and for the evaluation of possible myocardial ischemia. Within the documentation available for review, the patient has chest pain attributed to anxiety and a history of hypertension. She has apparently been treated for many years by the provider, but there is no clear documentation of the date and results of any prior cardiovascular testing and a rationale for the electrocardiogram given the absence of any current symptoms/findings suggestive of the need for cardiac evaluation. In light of the above issues, the currently requested EKG is not medically necessary.