

<b>Case Number:</b>	CM13-0059155		
<b>Date Assigned:</b>	03/21/2014	<b>Date of Injury:</b>	03/06/2009
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	11/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/29/2013

### 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 & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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:

The injured worker is a 67-year-old male who reported an injury on 03/06/2009. The specific mechanism of injury was not provided for review. The injured worker's treatment history included physical therapy, multiple medications, psychiatric support, and epidural steroid injections. The injured worker was evaluated on 08/21/2013. It was documented that the injured worker had symptoms to include abdominal pain, vomiting, acid reflux, heart burn, diarrhea, and constipation since at least 2010. The injured worker's medications included acetaminophen, lisinopril, and aspirin. It was documented that the injured worker had occasional experiences with chest pain and hypertension. Physical findings included a regular rate and rhythm of the S1 and S2 with no rubs or gallops and clear lungs to auscultation. The injured worker's diagnoses included hypertension, chest pain, abdominal pain, constipation and diarrhea, gastroesophageal reflux disease secondary to NSAID usage, sleep disorder, orthopedic complaints, and psychiatric complaints. The injured worker's treatment plan included an EKG, ICG, 2D echo with Doppler, and stress echo secondary to chest pain complaints to determine if these complaints are cardiovascular in nature.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AN ELECTROCARDIOGRAM (EKG):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Family Physician Guidelines, and information from the National Institutes of Health

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Greenland, P. (2012). Should the resting electrocardiogram be ordered as a routine risk assessment test in healthy asymptomatic adults?. JAMA, 307(14), 1530-1531

**Decision rationale:** California Medical Treatment Utilization Schedule and Official Disability Guidelines do not address the need for this diagnostic study. Peer reviewed literature indicates that routine EKGs are not supported by scientific evidence. The clinical documentation indicates that the injured worker does have complaints of chest pain. However, physical examination reveals a normal heart rate and rhythm without any indication of increased blood pressure or cardiovascular deficits that would require further diagnostic studies. As such, the requested EKG is not medically necessary or appropriate.