

<b>Case Number:</b>	CM14-0008135		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	01/26/2012
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	12/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 Emergency Medicine 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 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 51-year-old male who reported an injury on 01/26/2012. The mechanism of injury was a crushing injury. The documentation of 12/06/2013 revealed there was a request for an ECHO and EKG due to essential hypertension. A revision of a surgical procedure was pending waiting on the results of the ECHO and EKG. The documentation of 11/26/2013 revealed the injured worker complained of left hand pain and left 5th finger pain increased with squeezing. The injured worker's blood pressure was 151/98 and the pulse was 70. The diagnoses were status post left 4th and 5th finger crush injury, left wrist pain, and left wrist strain and sprain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ECHOCARDIOGRAM:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines; Reed Group/ The Medical Disability Advisor, and the Official Disability Guidelines (ODG), 9th Edition/ Work Loss Data Institute.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical

Evidence:<http://www.mayoclinic.org/tests-procedures/echocardiogram/basics/why-its-done/prc-20013918>.

**Decision rationale:** Per the mayoclinic.org an echocardiogram is performed if the physician suspects a problem with the valves or chambers of the heart and the heart's ability to pump. There are multiple types of echocardiograms including a Transthoracic echocardiogram, a Transesophageal echocardiogram, a Doppler echocardiogram and a Stress echocardiogram. The clinical documentation submitted for review indicated the injured worker's blood pressure upon the date of examination was 151/98. The request was made for a preoperative echocardiogram and EKG due to essential hypertension. While the injured worker's blood pressure was elevated on the date of examination, the injured worker was noted to be in pain, which would elevate the blood pressure. There was a lack of documentation indicating the injured worker had been evaluated for and previously had elevated blood pressure. There were no other notes provided for review. An Echocardiogram is not medically necessary unless there is a concern for cardiac valve issues to evaluate heart murmur or congestive heart failure. Given the above, the request for an ECHOCARDIOGRAM is not medically necessary.

**EKG:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines; Reed Group/ The Medical Disability Advisor, and the Official Disability Guidelines (ODG), 9th Edition/ Work Loss Data Institute.

**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 Chapter, Preoperative electrocardiogram (ECG).

**Decision rationale:** The Official Disability Guidelines indicate that patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing regardless of their preoperative status. The clinical documentation submitted for review indicated the injured worker's blood pressure upon the date of examination was 151/98. The request was made for a preoperative EKG due to essential hypertension. A preoperative EKG is medically necessary for a 51 year old patient with elevated Blood Pressure. The surgical intervention was found to be medically necessary in November of 2013. As such, the request for an EKG is medically necessary.