

Case Number:	CM14-0100965		
Date Assigned:	07/30/2014	Date of Injury:	04/20/2012
Decision Date:	10/01/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	06/30/2014

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 52-year-old gentleman was reportedly injured on April 20, 2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated June 19, 2014, indicates that there are ongoing complaints of umbilical pain, testicular pain, diarrhea, as well as nausea and vomiting. The physical examination demonstrated a prominent 3 cm umbilical bulge which does not completely reduce. There was tenderness and all four abdominal quadrants. Diagnostic imaging studies were not reviewed during this visit. Previous treatment is unknown. A request had been made for an electrocardiogram (EKG) and was not certified in the pre-authorization process on June 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 EKG TEST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearing House

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 - Lumbar and Thoracic, Preoperative Electrocardiogram

Decision rationale: A review of the attached medical record indicates that the injured employee has had prior approval for surgery for an irreducible hernia. According to the Official Disability Guidelines, a hernia repair is intermediate risk surgical procedure, however it is not stated that the injured employee has any cardiovascular risk factors. As such, this request for an EKG is not medically necessary.