

Case Number:	CM14-0101092		
Date Assigned:	07/30/2014	Date of Injury:	08/08/2013
Decision Date:	08/29/2014	UR Denial Date:	06/03/2014
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 Family Practice 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:

The patient is a 26 year old male who sustained a work injury on 6/3/2012 while being exposed to jet fuel. He had chronic exposure to jet fuel irritants. He is a smoker but has no other chronic medical illnesses. A progress note on 5/22/14 indicated the claimant had shortness of breath, right shoulder and back pain. He was taking Butalbital for headaches. The treating physician ordered cardiac functions, lab testing, pulmonary function, and EKG for chest pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrocardiogram (EKG): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0004319/>.

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: USPSTF Guidelines, 2012, EKG.

Decision rationale: The ACOEM and MTUS guidelines do not comment on an EKG. According to the USPSTF guidelines, there is insufficient evidence to do an EKG for asymptomatic adults with low, intermediate or high risk for heart disease. Those with high risk include older age,

males, high blood pressure, smoking, diabetes, obesity and sedentary lifestyle. Although the claimant was a very light smoker, the details of chest pain were not described to determine if they are cardiac nature. A heart exam was not noted in the clinical documents. There were no other risk factors noted. There were no indications of palpitations or arrhythmias. An EKG is not sensitive or specific for chronic coronary artery disease. There was no note of acute symptoms. The request for an EKG is not medically necessary.