

<b>Case Number:</b>	CM14-0104419		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	10/30/2003
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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, Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 76-year-old male with a reported date of injury on 10/30/2003. The mechanism of injury was due to a slip and fall. His diagnoses were noted to include bigeminal rhythm, acute coronary syndrome, dyslipidemia, ST elevation myocardial infarction, coronary artery disease status post angioplasty x2, and hypertension. His previous treatments were noted to include healthy diet, medications, and surgery. A transthoracic echocardiogram report was performed on 05/25/2014, which revealed left ventricular hypertrophy, left atrial enlargement, mild aortic valve insufficiency, mild to moderate mitral valve regurgitation, mild tricuspid valve regurgitation, and a reversal of mitral valve inflow suggestive of left ventricular diastolic dysfunction. The progress notes, dated 05/22/2014, were missing subjective and objective findings. The provider indicated an EKG and stress echo were ordered with the 05/27/2014 visit. The Request for Authorization form dated 05/27/2014 was for an EKG and stress echocardiogram; however, the provider's rationale was not submitted within the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EKG and Stress Echocardiogram:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Marck Manuel: Chapter, Angina Pectoris. Section-Stress Testing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Stress Echocardiography:MedlinePlus.

**Decision rationale:** The request for EKG and Stress Echocardiogram is not medically necessary. The injured worker had a transthoracic echocardiogram performed 02/2014. According to Medline Plus, stress echocardiography is a test that uses ultrasound imaging to show how well your heart muscle is working to pump blood to your body. It is mainly used to detect a decrease in blood flow to the heart from narrowing in the coronary arteries. An electrocardiogram, also called an EKG or ECG, is a simple, painless test that records the heart's electrical activity. To understand this test, it helps to understand how the heart works. With each heartbeat, an electrical signal spreads from the top of the heart to the bottom. As it travels, the signal causes the heart to contract and pump blood. The process repeats with each new heartbeat. There is a lack of documentation regarding symptoms and objective findings to warrant an EKG and stress echocardiogram. Additionally, an echocardiogram was performed 02/2014, and there is a lack of documentation regarding the medical necessity of a repeat echocardiogram. Therefore, the request is not medically necessary.