

Case Number:	CM14-0142513		
Date Assigned:	09/10/2014	Date of Injury:	11/29/2011
Decision Date:	11/06/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/03/2014

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 injured worker is a 42 year-old female who injured her right upper extremity by pulling on a heavy object on 11/29/11. She also injured her left elbow, shoulder, and neck at work on 3/15/12. She complained of neck pain radiating to shoulder and upper extremities. On exam, the patient had neck and shoulder tenderness. She had full range of motion of her neck, and decreased range of motion of her shoulders. She had tender elbows, wrists, and severe epigastric tenderness. Naproxen causes constipation and epigastric pain. She had MRI of both shoulders. She was diagnosed with myoligamentous strain of the cervical spine, inflammation of shoulders, AC osteoarthritis, degenerative supraspinatus/infraspinatus tendinosis, degenerative supraspinatus enthesopathy, right lateral epicondylitis, and status post reconstruction of the right lateral epicondyle, right carpal tunnel syndrome diagnosed by electrodiagnostic studies, depression, and gastritis medicamentosa. Her medications included transdermal cream, narcotics, Ultracet, Naproxen, Tramadol, Zanaflex, and Omeprazole. She used an H-wave machine. She had right elbow surgery on 1/12/14. The anti-inflammatories prescribed caused gastric upset, constipation, diarrhea, and acid reflux. She had anxiety and depression due to her condition which caused nonexertional chest pain. The current request for a retrospective electrocardiogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Electrocardiogram: 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/pubmed/3810096>, Schweiz Med Wochenschr. 1986 Dec 6; 116 (49):1720-2 Importance of ECG and chest x-ray of ambulant patients with chest pain.

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: Guidelines for Electrocardiography: A report of the American College of Cardiology/American Heart Association Task Force on assessment of diagnostic and therapeutic cardiovascular procedures (Committee on Electrocardiography).

Decision rationale: The request is not medically necessary. There were no MTUS or ODG guidelines for electrocardiograms, so ACC/AHA Task Force guidelines on electrocardiography were used. The concern for the patient was that she was experiencing chest pain that was due to a cardiac condition. The patient was experiencing large amounts of stress due to her condition and was diagnosed with adjustment disorder with mixed anxiety and depressed mood. The chest pains experienced were not exertional but occurred with anxiety episodes. The patient lacked enough cardiac risk factors to warrant an EKG. While she was on Metformin, her HgA1c was 5.2. It is unclear if she was diagnosed with diabetes or was being treated for impaired fasting glucose. She does not have documented treated hypertension. There was no documented strong family cardiac history or history of tobacco use. The patient had neck pain radiating to upper extremities and was found to be tender on exam. The patient was also experiencing epigastric pain from medication use, which can mimic chest pain. There were also no documented concerns for arrhythmias or metabolic disorders. And the patient was not continued on medications that would require monitoring with an EKG. Therefore, the request is considered not medically necessary.