

Case Number:	CM14-0150419		
Date Assigned:	09/18/2014	Date of Injury:	06/28/2013
Decision Date:	10/17/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/16/2014

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 Medicine 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:

This case involves a 39-year old injured worker who reported injuries to his neck, left shoulder, thoracic spine, lumbar spine, both knees, both ankles and both wrists after catching his foot while walking and falling onto a block wall on 6/28/13. Treatment has included medications, topical creams, and physical therapy. A 3/14/14 pain management consultation noted that the patient had no history of any chronic conditions, that he smoked 5-6 cigarettes per day, that he was taking medications which included Naprosyn 550 mg, and that his blood pressure was 142/78. (Note that the preceding information was obtained from UR reports and from the pain management consultation.) A partially legible report dated 2/14/14 from the primary provider documents a blood pressure of 123/90 and requests an internal medicine consultation for hypertension. A second partly legible progress note dated 4/23/14 documents that the patient has no chest pain or shortness of breath. The patient was documented as having pain and spasm in the neck and back, tenderness and limited range of motion of one or both shoulders, tenderness of the infrapatellar area, and limited flexion of both knees. His blood pressure was 145/68 followed by a second BP of 127/72. Diagnoses included cervical spine disc bulge, lumbar spine disc bulge, left shoulder AC osteoarthritis and tendonitis, bilateral wrist abnormal nerve conduction velocities, "L ankle-MRI negative signs/symptoms", and "abnormal EKG-ST elevation--Echo STAT". It is clear from the note than an EKG (electrocardiogram) must have been ordered and performed, but it is not clear why. A follow-up visit on 6/30/14 contains no mention of chest pain, cardiac symptoms, or the results of any echocardiogram. The patient's blood pressure is documented as 127/66. Diagnoses do not include hypertension, but do include cervical spine disc bulge, lumbar spine disc bulge, wrist aseptic necrosis, knee meniscal tears, shoulder rotator cuff and bicipital tendinitis, "chest", "psych", "insomnia" and "brain". Sometime after this visit, a request for authorization for an electrocardiogram was submitted; this

could be a retroactive request for the EKG performed on 4/23/14. (This request is not among the available records.) It was denied in UR on 8/19/14, and a request for IMR was generated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrocardiography: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.mayoclinic.org/tests-procedure/echocardiogram/basis/why-its0done/prc-200013918>

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: UpToDate, an online evidence-based medical review service for medical practitioners (www.uptodate.com), Blood pressure measurement in the diagnosis and management of hypertension in adults; Overview of hypertension in adults.

Decision rationale: According to the evidence-based citations above: In the absence of end-organ damage, the diagnosis of hypertension should not be made until the BP has been measured at least three visits that are spaced over a period of one or more weeks. Once it has been determined that the patient has persistent hypertension, an evaluation should be performed to determine the extent of target-organ damage, to assess other cardiovascular risk factors, to identify lifestyle factors that could potentially contribute to hypertension, and to identify interfering substances such as chronic use of non-steroidal anti-inflammatory drugs (NSAIDs) and other potentially curable causes of secondary hypertension. This evaluation typically includes an EKG. The clinical findings in this case do not support a diagnosis of hypertension in this patient. Of the six blood pressures documented in the available records, three of them are normal and the other three are, at best, minimally elevated. Based on the evidence-based references cited above and the clinical findings in this case, electrocardiography was not medically necessary.