

Case Number:	CM14-0176759		
Date Assigned:	10/30/2014	Date of Injury:	08/24/2011
Decision Date:	12/15/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/24/2014

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 Geriatrics and is licensed to practice in New York. 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 51 year old woman with a date of injury of 8/24/11. She was seen by her secondary treating physician on 9/12/14 with complaints of chest pain with intermittent episodes of acid reflux and no change in nausea and abdominal pain. She also reported change in sleep quality and weekly headaches. Her glucose was 125mg/dl and she had stable vital signs. Her lungs were clear and her cardiovascular exam was normal. Her abdomen was soft and non-tender. Her diagnoses were gastroesophageal reflux, aggravated by work-related injury, obstructive sleep apnea, diabetes and hypertension. An EKG was performed and is at issue in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 electrocardiogram for symptoms of chest pain, nausea and abdominal pain and an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate: Diagnostic approach to chest pain in adults

Decision rationale: This 55 year old injured worker has no prior history of any cardiac or pulmonary symptoms documented in the records. This injured worker has complaints of nausea and abdominal pain. Her exam and vital signs are normal. Her symptoms are gastrointestinal in nature per the history and assessment. In this injured worker with no active cardiac symptoms, the records do not support the medical necessity of an EKG.