

<b>Case Number:</b>	CM14-0051161		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	01/11/2013
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2014

### 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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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 is a 53 year-old male with a 1/11/13 date of injury to the neck, wrists and shoulders bilaterally as a result of prolonged sitting. The patient was seen on 1/2/14 (progress note was handwritten and illegible) with complaints of bilateral wrist pain with numbness and tingling. Exam findings revealed decreased range of motion and a positive Tinel's and Phalen's test, tenderness and decreased range of motion of the C spine and shoulders bilaterally She was seen by her primary care physician on 3/18/14 with complaints of abdominal pain and for a blood glucose check. Exam findings revealed a HR of 81, BP of 115/76 and a blood sugar of 134. The Cardiac exam revealed a regular rate and rhythm with no murmurs, gallops, or rubs. The Lung exam was normal. The diagnosis is Diabetes, CTS, Hypertension, GERD, and weight gain. A Carotid Ultrasound was ordered. 2D Cardiac Echo 10/21/13: EF 63%, mild MV and TV regurgitation, otherwise normal, no regional wall abnormalities were noted 1/7/14 EMG/NCS upper extremities: normal Treatment to date: acupuncture, medications, PT, chiropractic therapy An adverse determination was received on 3/28/14 for undocumented reasons.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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/pubmedhealth/PMH0004319>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nhlbi.nih.gov/health/health-topics/topics/ekg/>.

**Decision rationale:** CA MTUS does not address this issue. The NIH supports obtaining an EKG in the presence of cardiac symptoms such as palpitations, shortness of breath, syncope or near syncope, and angina as these symptoms can indicate an arrhythmia, cardiomegaly or a coronary event. There is a lack of documentation with regards to any of these symptoms in this patient. Thus it is unclear what the necessity is for an EKG at this time. In addition, this patient had a 2D Echo on 10/21/13 showed no evidence of wall motion abnormalities or hypertrophy. It is also unclear how the patient's industrial injuries to the wrists, shoulders, and neck affect her heart. Although the patient has hypertension, her BP is well controlled at 115/76, and furthermore a diagnosis of hypertension and diabetes alone is not sufficient enough to order an EKG without the presence of cardiac symptoms or findings on exam, and her cardiopulmonary exam was negative. Therefore, the request for an EKG was not medically necessary.