

Case Number:	CM14-0067744		
Date Assigned:	07/11/2014	Date of Injury:	11/12/2001
Decision Date:	10/30/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/12/2014

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 Internal 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:

The patient is a 67 year old female who was injured on 11/21/2001. The mechanism of injury is unknown. Prior medication history included Soma, Lasix, Toprol, Norvasc, Diovan and Elavil. Progress report dated 02/12/2013 documented the patient presented for evaluation of symptoms. It is noted that the patient had 2 syncope episodes on 04/08/2009 when she was ill with abdominal pain and diarrhea. She was found to have a GI bleed and was sent for evaluation. The chest pain radiated to her neck and was relieved by nitroglycerin. On exam, cardiac revealed regular rhythm; PMI is midline and S1 normal. S2 is physiologically split. Diagnoses are chest pain, fatigue, hypertension, ischemic colitis 04/09; and syncope likely secondary to blood loss 04/09. The patient has been recommended for cardiac catheterization. Prior utilization review dated 04/25/2014 states the request for Pre-operative electrocardiogram (EKG) is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-Operative Electrocardiogram (EKG): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: http://www.openanesthesia.org/ABA:Preop_ECG_-_Indications

Decision rationale: The guidelines recommend EKG for patients with at least one clinical risk factor or known CAD undergoing intermediate or high-risk surgery. From the documents it appears the patient is being referred for cardiac catheterization for chronic chest pain. It is likely the patient has had numerous EKGs and evaluation for a cardiac etiology of the chest pain. Given the patient is being referred for cardiac catheterization it is unclear how an EKG would alter management at this time. The notes did not adequately discuss the indication or reason for ordering an EKG prior to cardiac catheterization. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.