

Case Number:	CM14-0180569		
Date Assigned:	11/05/2014	Date of Injury:	08/24/2014
Decision Date:	01/02/2015	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/30/2014

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 an injured worker right upper extremity complaints. Date of injury was 8/24/2014. The doctor's first report of occupational injury dated 9/22/2014 documented subjective complaints of right shoulder, right elbow, right wrist and hand pain. Regarding the mechanism of injury, the patient states that while removing packing, she felt a pop in her right hand. Objective findings were documented. Patient is right hand dominant. Blood pressure was 130/87. Pulse was 77. Right shoulder demonstrated tenderness, weakness, and positive impingement. Right wrist and hand demonstrated tenderness, positive Phalen, and decreased median nerve sensation. Right elbow demonstrated tenderness with normal range of motion. Diagnoses were right shoulder sprain strain, shoulder impingement, right elbow sprain strain, lateral epicondylitis, right wrist sprain strain, carpal tunnel syndrome, and right middle finger trigger finger. Treatment plan included a request for EKG.

IMR ISSUES, DECISIONS AND RATIONALES

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

EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG) -ECG

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACCF/AHA Bibliographic Source: J Am Coll Cardiol.

2010 Dec 14;56(25):e50-103. 2010 ACCF/AHA guideline for assessment of cardiovascular risk in asymptomatic adults. A report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines. PMID: 21144964
<http://www.ncbi.nlm.nih.gov/pubmed/21144964>
<http://www.guideline.gov/content.aspx?id=25310>

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address EKG. American College of Cardiology Foundation (ACCF) and American Heart Association (AHA) guidelines for assessment of cardiovascular risk in asymptomatic adults (2010) indicates that resting electrocardiogram (ECG) is reasonable for cardiovascular risk assessment in asymptomatic adults with hypertension or diabetes. Medical records do not document cardiovascular risk factors. The patient is 40 years old with no history of hypertension, diabetes, or cardiovascular conditions. Therefore, the request for an EKG is not supported. Therefore, the request for EKG is not medically necessary.