

Case Number:	CM14-0188626		
Date Assigned:	11/19/2014	Date of Injury:	07/21/2007
Decision Date:	01/07/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/12/2014

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:

This is a case of a 62 year old male with a date of injury of 7/21/2007. Mechanism of injury was not documented in the records available to me. In a primary treating physician report dated 8/5/2014, by [REDACTED], the patient returns for a follow up visit. He is feeling fairly well and blood pressure in under good control without any complaints. His physical examination is normal and it is advised that he continue with Losartan 50 mg daily. He is diagnosed with Benign Essential Hypertension, and Hypertensive Heart Disease, unspecified. Based on the previous medical review, an EKG was certified, but a rhythm ECG was denied because it was reported that they are the same and that would be a duplicate request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rhythm ECG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Philadelphia Intracorp; 2004 Various p. Diagnostic tests electrocardiogram (ECG)

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: Medscape: Electrocardiography, On Line Version, updated 10/3/2013.

Decision rationale: Neither MTUS nor ODG comment on the use of EKG with respect to Hypertensive Heart Disease and Hypertension. Therefore, evidence was taken from the On Line Version of Medscape. The indications for ECG include in injured workers with implanted defibrillators and pacemakers, as well as to detect myocardial injury, ischemia, and the presence of prior infarction as well. It is particularly useful in the diagnosis of disorders of the cardiac rhythm and the evaluation of syncope. Other common uses of the ECG include evaluation of metabolic disorders, effects and side effects of pharmacotherapy, and the evaluation of primary and secondary cardiomyopathic processes among others. In this case, the injured worker has been diagnosed with benign essential hypertension and hypertensive heart disease, unspecified. An EKG has already been authorized, and the request for a Rhythm EKG is duplicative. Therefore, the request for a Rhythm EKG is not medically necessary.