

<b>Case Number:</b>	CM14-0209517		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	02/06/2010
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Maryland, District of Columbia  
 Certification(s)/Specialty: Internal Medicine

### 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 employee was a 51 year old male who sustained an industrial injury on 02/06/10. The progress note from 09/02/14 noted subjective complaints of a lot of emotional stress with respect to social issues. Pertinent objective findings included regular heart rate, normal JVP, bilateral bruits, clear chest, murmur of papillary muscle dysfunction, S4 and without edema. Labs from August 18, 2014 showed a BUN of 21 and a creatinine of 1.5. A stress Sestamibi Myocardial perfusion scan showed an abnormal study with a large LAD infarction similar to the prior study and no significant ischemia and dilated LV with moderately reduced ejection fraction. In the note from May 2014, he was noted to be using his nitroglycerin and his diagnoses were status post large volume MI, status post PTCA and stenting on two separate occasions and he was continued on same medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EKG:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM. 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 Other Medical Treatment Guideline or Medical Evidence: <http://emedicine.medscape.com/article/1894014-overview>.

**Decision rationale:** The employee was a 51 year old male who sustained an industrial injury on 02/06/10. The progress note from 09/02/14 noted subjective complaints of a lot of emotional stress with respect to social issues. Pertinent objective findings included regular heart rate, normal JVP, bilateral bruits, clear chest, murmur of papillary muscle dysfunction, S4 and without edema. Labs from August 18, 2014 showed a BUN of 21 and a creatinine of 1.5. A stress Sestamibi Myocardial perfusion scan showed an abnormal study with a large LAD infarction similar to the prior study and no significant ischemia and dilated LV with moderately reduced ejection fraction. In the note from May 2014, he was noted to be using his nitroglycerin and his diagnoses were status post large volume MI, status post PTCA and stenting on two separate occasions and he was continued on same medications. According to the above article and standard of care, electrocardiogram is indicated in evaluation of patients with signs and symptoms of myocardial injury or ischemia. The employee had prior history of ischemic heart disease and was using Nitroglycerin for chest pain. Given the ongoing symptoms, a repeat electrocardiogram is medically necessary and appropriate.