

<b>Case Number:</b>	CM14-0023551		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	07/06/2013
<b>Decision Date:</b>	01/19/2015	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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 New York. 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 41 year old male patient with an injury date of 07/16/2013 and no narrative description of the mechanism of injury was found within the provided documentation. A PR-2 (progress report) found dated 08/20/2013 showed the patient prescribed the following medications: Ibuprofen, Omeprazole, Capsacin, Flurbiprofen, and Tramadol. He had subjective reports of medications and creams being helpful and sleep aid only made him drowsy not able to sleep. The left knee is noted as unchanged. He was diagnosed with left knee sprain/strain. Another office visit dated 10/09/2013 described him with subjective complaint of intermittent moderate, dull, achy, sharp left knee pain, stiffness and weakness that was associated with standing, walking, bending and squatting. The severity was described as 7 out of 10 on pain scale. The objective assessment revealed positive for left knee swelling. Motor noted four out of five to quadriceps and hamstring. The range of motion was decreased and painful. Extension noted 0/0 and flexion noted 95/140. There were three plus tenderness noted with palpation of the anterior knee, lateral knee, medial knee and posterior knee. McMurray's noted with positive findings. He was then diagnosed with left calf sprain/strain, left knee pain, left knee sprain/strain, rule out left knee internal derangement, elevated blood pressure and hypertension. A request for services asking for an EKG was denied by the Utilization Review on 02/11/2014 as not meeting medical necessity requirements. On 01/24/2014 in office diagnostic cardiopulmonary function testing was requested to screen for any signs of dysfunction. A sleep study was also requested. On 07/06/2013 he was 6'1" tall and weighed 350 pounds. He twisted his ankle. On 07/27/2013 his ankle pain resolved and he returned to full duty.

### 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 ODG Low Back (updated 12/27/13)  
Preoperative 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: Harrison's Principles of Internal Medicine, 18th Edition. 2011.

**Decision rationale:** The patient sustained an ankle/knee sprain/strain and is back to full duty work. MTUS, ACOEM and ODG do not discuss the medical necessity of an EKG for these injuries. There is no documentation of chest pain, palpitations, dizziness, syncope, shortness of breath, urgent visit or ER visit for cardiac symptoms and there is no documentation of an elevated Epworth Sleepiness score or daytime hypersomnia. There is insufficient documentation to substantiate the medical necessity of an EKG.