

Case Number:	CM14-0083882		
Date Assigned:	07/23/2014	Date of Injury:	09/23/2008
Decision Date:	01/14/2015	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/05/2014

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:

The patient is a 51 year old male with a date of injury of 09/23/2008. He has hypertension treated with Losartan and a diuretic. On 11/14/2013 he had osteoarthritis of the left knee. On 03/11/2014 it was noted that the blood pressure was under control. It was 120/80. He was feeling well. Chest was clear. Electrolytes, BUN and creatinine were normal. Liver function, HbA1c and thyroid studies were normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrocardiogram (EKG): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Intracorp: 2004

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principles of Internal Medicine, 18th Edition. 2011

Decision rationale: MTUS is silent on this topic. There was a history of well controlled hypertension. There was no history provided for review of chest pain, shortness of breath, palpitations, heart murmur, heart valve disease, coronary artery disease, irregular heart beat or

when a previous EKG was done. There was insufficient documentation to substantiate the medical necessity of an EKG.

Echocardiogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation A Textbook of Cardiovascular Medicine, 7th edition, page 261, ACC/ AHA guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principles of Internal Medicine, 18th Edition, 2011

Decision rationale: MTUS is silent on this topic. There was a history of well controlled hypertension. There was no history provided for review of chest pain, shortness of breath, palpitations, heart murmur, heart valve disease, coronary artery disease, irregular heart beat or when a previous echocardiogram was done. There was insufficient documentation to substantiate the medical necessity of an echocardiogram.