

Case Number:	CM15-0105903		
Date Assigned:	06/10/2015	Date of Injury:	07/11/2007
Decision Date:	07/13/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/02/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 injured worker is a 52 year old male who sustained an industrial injury on 07/11/2007. He is employed as a sheriff. Diagnoses include hypertension, hyperlipidemia, gastroesophageal reflux disease and atypical chest pain-rule out ischemic coronary artery disease. Treatment to date has included medications and status post L4-L5 laminectomy in 2013. Medications include Atenolol, Atorvastatin, Omeprazole and Aspirin. A physician progress note dated 05/13/2015 documents the injured worker has an elevated blood pressure on this visit. He was initially diagnosed with hypertension in 2003 on a routine visit. On 05/13/2015, an EKG showed sinus bradycardia; high voltage suspicious for left ventricular hypertrophy. On auscultation S1 is normal, S2 splits physiologically, and there is a 1/6 systolic ejection murmur, and S4 at the apex. The treatment plan is for obtaining records, and the injured worker was instructed to check his blood pressure four times a day for one week- his wife is a nurse and will assist him. An echocardiogram to rule out concentric left ventricular hypertrophy and to assess left ventricular function was ordered, and a nuclear medicine stress test, followed by an exercise prescription. Laboratory studies were also ordered. Treatment requested is for and 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 www.ncbi.nlm.nih.gov/pubmed/15528292.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Outpatient Diagnosis of Acute Chest Pain JOHN R. McCONAGHY, MD, CPE, and RUPAL S. OZA, MD, MPH, The Ohio State University, Columbus, Ohio, Am Fam Physician. 2013 Feb 1; 87(3):177-182.

Decision rationale: Although an EKG is recommended along with further true cardiac workup for chest pain, the claimant already had an EKG and a plan for additional cardiac investigation. There was no repeat or change in symptoms that would warrant another EKG when one was recently performed. The echocardiogram did not suggest ischemic disease and a nuclear study was requested. The additional EKG is not medically necessary.