

<b>Case Number:</b>	CM15-0140210		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	08/15/2012
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	07/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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: Texas, 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:

This is a 24 year old male patient who reported an industrial injury on 8-14-2012 versus 8-15-2012 versus 3-9-2001. He sustained the injury due to his finger pulled and pinned between two pressure rollers. The diagnoses include status-post right middle finger de-gloving injury with subsequent skin grafting; and post-traumatic arthralgia and stiffness. Per the progress notes dated 6-23-2015 he had complaints of chest pain with shortness of breath and emotional stress; right hand, wrist and shoulder pain. The physical examination was within normal limits. He had blood pressure 109/62 mmHg. Per the note dated 1/12/15, the medications list includes Tramadol. He has had recent magnetic imaging studies, of the right hand and wrist dated May 12, 2015 which revealed subchondral edema, bone contusion and partial tear of scapholunate ligament, low grade sprain of triangular fibrocartilage complex; ultrasound, of the right hand and wrist dated May 12, 2015 with normal findings; electro diagnostic studies dated June 23, 2015 with normal findings. He has undergone surgery for right index and long finger in 2012 and surgery for long finger with graft in 2012. He has had physical therapy visits for this injury. The physician's requests for treatments were noted to include an electrocardiogram.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electrocardiogram:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Preoperative electrocardiogram.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back (updated 07/17/15) Preoperative electrocardiogram (ECG) and Other Medical Treatment Guidelines Pub Med Screening for Coronary Heart Disease With Electrocardiography: U.S. Preventive Services Task Force Recommendation Statement. Moyer VA, on behalf of the U.S. Preventive Services Task Force\*Ann Intern Med. 2012 Jul; PMID 22847227.

**Decision rationale:** Q—Electrocardiogram. Per the records provided patient had complaints of chest pain, stress and shortness of breath. An EKG was medically necessary and appropriate in this patient to evaluate or rule out any cardiac abnormalities. The request of an Electrocardiogram is medically appropriate and necessary for this patient at this time.