

<b>Case Number:</b>	CM15-0146193		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	08/03/2013
<b>Decision Date:</b>	09/14/2015	<b>UR Denial Date:</b>	07/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 62-year-old who has filed a claim for chronic hand and wrist pain reportedly associated with an industrial injury of August 3, 2013. In a Utilization Review report dated July 20, 2015, the claims administrator failed to approve a request for an EKG. The claims administrator referenced an RFA form of July 8, 2015 and an associated progress note of April 1, 2015 in its determination. The applicant's attorney subsequently appealed. On a handwritten note dated April 1, 2015, difficult to follow, not entirely legible, the applicant was placed off of work, on total temporary disability. Ongoing complaints of wrist and hand pain were reported. The note was very difficult to follow and contained little in the way of narrative commentary. There was no seeming mention of the applicant's having issues with chest pain evident at this point. The applicant was asked to follow up with psychiatry. The applicant had had wrist and hand MRI studies, it was reported. On February 25, 2015, the applicant was asked to pursue extracorporeal shockwave therapy and physical therapy. Once again, preprinted checkboxes were employed. A psychiatric consultation, sleep study, and an internal medicine consultation were endorsed while the applicant was kept off of work. The note was very difficult to follow and contained no seeming references to the applicant's having issues with chest pain. A February 11, 2015 narrative report likewise seemingly suggested that the applicant's complaints were confined to the wrist and hand, and made mention of the applicant's having cardiac issues. The applicant was not working, it was acknowledged. In a Doctor's First Report (DFR) dated April 8, 2015, the applicant reportedly presented with hand and chest pain. Overall commentary was sparse. The extent and/or nature of the applicant's chest pain was not detailed, described, or

characterized. On an order form dated April 8, 2015, an EKG, urine drug testing, CBC, thyroid function testing, treadmill stress test, 24-hour blood pressure monitor, and a vascular Doppler ultrasound were all ordered, again seemingly without any supporting rationale or supporting commentary. A treadmill stress test was apparently performed on April 21, 2015, the results of which were not clearly reported.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**ECG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar & Thoracic (Acute & Chronic), Preoperative electrocardiogram (ECG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

**Decision rationale:** No, the request for an EKG was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 9, page 208 does acknowledge that electrocardiography (AKA EKG testing) and possibly cardiac enzymes study to immediately clarify apparent referred cardiac pain, here, however, the progress note of April 8, 2015 in which the article in question was ordered, was highly templated, difficult to follow, contained little narrative commentary, and did not clearly state what was sought and/or what was suspected. While the attending provider stated on a DFR of April 8, 2015 the applicant had issues with hand and chest pain, this was not quantified. This was not discussed. The extent, duration, magnitude, and/or duration of the applicant's symptoms was not clearly reported. The fact that a CBC, chest x-ray, thyroid function testing, treadmill stress test, 24-hour blood pressure monitor, and vascular Doppler ultrasound were all concurrently ordered, taken together, strongly suggested that the testing in question was intended for routine evaluation purposes, without any clear clinical indications for the same. The April 8, 2015 progress note at issue did not discuss the applicant's cardiac issues and/or allegations of chest pain at any length. Little-to-no narrative commentary accompanied the request for the EKG at issue. Therefore, the request was not medically necessary.