

Case Number:	CM15-0161253		
Date Assigned:	08/27/2015	Date of Injury:	05/15/2014
Decision Date:	09/30/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/18/2015

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: North Carolina
 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 32 year old female, who sustained an industrial injury on 5-15-2014. She reported injury to the neck, left shoulder, and left elbow from repetitive use. Diagnoses include cervical strain, myofascial pain syndrome, impingement syndrome, left shoulder, lumbar strain, and psychological symptoms and neurocognitive symptoms due to physical condition. Treatments to date include activity modification, physical therapy, chiropractic therapy, acupuncture treatments, therapeutic injections, shockwave therapy, and medication therapy. Currently, she complained of no change in the pain of the neck, left shoulder, and low back. On 7-23-15, the physical examination documented diminished sensation in right cervical dermatomes. The plan of care included a request to authorize an electrocardiogram (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 cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation up-to date, EKG.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The up-to date guidelines states EKG is indicated in the evaluation of potential cardiac disorders such as chest pain, arrhythmias, heart failure, palpitations and pericarditis. The provided clinical records do not show the patient to suffer from these conditions or potential conditions and therefore the request is not medically necessary.