

<b>Case Number:</b>	CM15-0189260		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	07/27/2011
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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: California, Indiana, New York  
Certification(s)/Specialty: Internal 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 injured worker is a 72 year old male, who sustained an industrial-work injury on 7-27-11. A review of the medical records indicates that the injured worker is undergoing treatment for chest pain and shortness of breath. Medical records dated (3-26-15 to 6-29-15) indicate that the injured worker reports improving chest pain. Per the treating physician report dated 3-26-15 the injured worker has not returned to work. The physical exam dated (3-26-15 to 6-29-15) reveals the lungs are clear to auscultation and there are no rales or wheezes appreciated, the hearty rate is regular and there are no rubs or gallops appreciated. The physician indicates that due to the complaints of chest pain and shortness of breath he recommends Electrocardiogram (EKG). Treatment to date has included medication, diagnostics, cardiology consult pending, blood pressure and low fat low sodium diet. The request for authorization date was 6-29-15 and requested service included Retro: Electrocardiogram (EKG). The original Utilization review dated 8-26-15 non-certified the request for Retro: Electrocardiogram (EKG).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro: EKG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-to-date, Online Edition, 2015.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<https://www.nlm.nih.gov/medlineplus/ency/article/003868.htm>.

**Decision rationale:** Pursuant to the Official Disability Guidelines, retrospective electrocardiogram (EKG) is not medically necessary. An electrocardiogram (ECG) is a test that records the electrical activity of the heart. In this case, the injured worker's working diagnoses are elevated blood pressure; right inguinal hernia history; chest pain, shortness of breath and sleep disorder. Date of injury is July 27, 2011. Request for authorization is August 5, 2015. According to a March 25, 2015 new patient consultation, the worker is a 71-year-old man with hypertension, chest pain shortness of breath history of right inguinal hernia. The injured worker has ongoing chest pain. The treating provider requested medical records from prior treating providers. There is no clear-cut indication the injured worker is suffering cardiac chest pain. There is no causal relationship of this chest pain (based on absent pending medical record documentation). There is no documentation of prior EKGs in the medical record or whether a prior EKG was performed. According to a June 29, 2015 progress note, the treating provider requested an EKG (again), although chest pain has improved. Physical examination is unremarkable with a normal cardiac examination. Performing an EKG is based on risk factors. There are no risk factors enumerated in the medical record. There is no evidence, as noted above, the chest pain is work-related. Based on clinical information and medical records, peer-reviewed evidence-based guidelines, pending receipt and non-review of prior medical records and establishment of a causal relationship of the existing chest pain to the work injury, retrospective electrocardiogram (EKG) is not medically necessary.