

<b>Case Number:</b>	CM15-0020415		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	08/24/2011
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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

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 51 year old female, who sustained a work related injury on 8/24/11. The diagnoses have included hypertension, diabetes mellitus and gastroesophageal reflux disease. Treatments to date have included medication and blood pressure monitoring. In the PR-2 dated 12/4/14, the injured worker states that her chest pain with intermittent episodes of acid reflux is improved on medication. Her blood pressure is noted to be within normal limits. On 1/14/15, Utilization Review non-certified a request for an EKG. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EKG:** Overturned

**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 ACC/AHA: 2010 ACCF/AHA guideline for assessment of cardiovascular risk in asymptomatic adults.

<http://www.sciencedirect.com/science/article/pii/S0735109710037186>. ACC/AHA Guidelines for Ambulatory Electrocardiography. <http://circ.ahajournals.org/content/100/8/886.full.pdf>

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) does not address electrocardiogram (ECG). American College of Cardiology Foundation (ACCF) and American Heart Association (AHA) guidelines for assessment of cardiovascular risk in asymptomatic adults (2010) indicates that resting electrocardiogram (ECG) is reasonable for cardiovascular risk assessment in asymptomatic adults with hypertension or diabetes. American College of Cardiology (ACC) / American Heart Association (AHA) Guidelines for Ambulatory Electrocardiography (1999) indicates that electrocardiogram (ECG) is indicated for the evaluation of patients with chest pain. Medical records document a history of diabetes mellitus and hypertension. Medications included Hydrochlorothiazide, Amlodipine, and Metoprolol. The treating physician's progress report dated 12/4/14 documented chest pain. American College of Cardiology (ACC) / American Heart Association (AHA) guidelines support the request for an EKG electrocardiogram. Therefore, the request for EKG is medically necessary.