

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0155767 | | |
| Date Assigned: | 09/25/2014 | Date of Injury: | 03/28/2007 |
| Decision Date: | 10/27/2014 | UR Denial Date: | 09/02/2014 |
| Priority: | Standard | Application Received: | 09/23/2014 |

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. The expert reviewer is Board Certified in Preventive Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 52-year-old female with a 3/28/07 date of injury. At the time (8/7/14) of request for authorization for Electrocardiogram, there is documentation of subjective (abdominal pain, heartburn, acid reflux, alternating episodes of diarrhea and constipation, weight gain, and hypertension) and objective (blood pressure of 99/64 mmHg, heart rate 91 beats per minute, normal cardiovascular exam, and epigastric tenderness to palpation) findings, current diagnoses (abdominal pain, acid reflux, constipation, diarrhea, melena, and hypertension aggravated by work related injury), and treatment to date (medications (including Ibuprofen, Omeprazole, Amlodipine, Losartan, and Espironolactone)). Medical report identifies a request for electrocardiogram for further evaluation of stress-induced hypertension. There is no documentation of a condition/diagnosis (with supportive clinical findings) for which an EKG is indicated (disorders of cardiac rhythm; evaluation of syncope; evaluation of patients with implanted defibrillators and pacemakers; detection of myocardial injury or ischemic coronary disease; the presence of prior infarction; evaluation of metabolic disorders; effects and side effects of pharmacotherapy; and/or the evaluation of primary and secondary cardiomyopathic processes).

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrocardiogram: 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 Other Medical Treatment Guideline or Medical Evidence: (<http://emedicine.medscape.com/article/1894014-overview>)

Decision rationale: MTUS and ODG do not address this issue. Medical Treatment Guideline identifies documentation of a condition/diagnosis (with supportive clinical findings) for which an EKG is indicated (such as: disorders of cardiac rhythm; evaluation of syncope; evaluation of patients with implanted defibrillators and pacemakers; detection of myocardial injury or ischemic coronary disease; the presence of prior infarction; evaluation of metabolic disorders; effects and side effects of pharmacotherapy; and/or the evaluation of primary and secondary cardiomyopathic processes), as criteria necessary to support the medical necessity of EKG. Within the medical information available for review, there is documentation of diagnoses of abdominal pain, acid reflux, constipation, diarrhea, melena, and hypertension aggravated by work related injury. However, despite documentation of a request for electrocardiogram for further evaluation of stress-induced hypertension, and given documentation of objective findings (blood pressure of 99/64 mmHg, heart rate 91 beats per minute, normal cardiovascular exam), there is no documentation of a condition/diagnosis (with supportive clinical findings) for which an EKG is indicated (disorders of cardiac rhythm; evaluation of syncope; evaluation of patients with implanted defibrillators and pacemakers; detection of myocardial injury or ischemic coronary disease; the presence of prior infarction; evaluation of metabolic disorders; effects and side effects of pharmacotherapy; and/or the evaluation of primary and secondary cardiomyopathic processes). Therefore, based on guidelines and a review of the evidence, the request for Electrocardiogram is not medically necessary.