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| Case Number: | CM14-0180283 | | |
| Date Assigned: | 11/04/2014 | Date of Injury: | 01/17/2008 |
| Decision Date: | 12/09/2014 | UR Denial Date: | 10/14/2014 |
| Priority: | Standard | Application Received: | 10/30/2014 |

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 Family Medicine and is licensed to practice in Utah. 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:

The patient is a 46 year-old male who sustained an injury on 01/17/2008. The patient has been diagnosed with hypertension, coronary atherosclerosis, erectile dysfunction, and left bundle branch hemiblock and chest pain. The patient's treatments have included heart testing and medications. The physical exam findings dated July 23, 2014, state neck, normal jugular venous pressure, and soft bruits. Chest is reported as clear. The heart is noted as Normal sinus, with a systolic ejection murmur, S4. The abdomen is reported as soft, and the extremities are without edema. Previous EKGs showed a left bundle branch block. The patient's medications have included, but are not limited to, Losartan, Amlodipine, HCTZ, and Cialis. The request is for an EKG.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate.com, EKG, Coronary Heart Disease

Decision rationale: MTUS treatment guidelines are silent with regards to the above request. Other guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for an EKG. Guidelines state an EKG is recommended in patients with coronary heart disease. The clinical documents state that the patient has been diagnosed with multiple cardiac abnormalities, including coronary heart disease. Based on the clinical documentation provided and current guidelines, this request is medically necessary.