

Case Number:	CM14-0092756		
Date Assigned:	07/25/2014	Date of Injury:	11/28/2011
Decision Date:	09/08/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/19/2014

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 Internal Medicine and is licensed to practice in New York. 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 injured worker is a 36 year old male who sustained an industrial injury on 11/28/2011. The mechanism of injury occurred when he slipped and hurt his left knee. His diagnosis is left knee pain with a Grade 3 ACL tear; status post left knee arthroscopy with partial medical meniscectomy. He complains of continued left knee pain and on exam has a positive Lachman test and positive anterior drawer test. The treating provider has recommended a left knee endoscopic anterior cruciate ligament reconstruction with an Achilles tendon allograft. The treating provider has requested an 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: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Evaluation of Cardiac Pain.

Decision rationale: There is no indication for the requested EKG. The claimant has no history of cardiac disease and has no signs of referred cardiac pain. Per ACOEM guidelines, an

electrocardiogram is indicated to clarify apparent referred cardiac pain. Therefore, the requested service is not medically necessary.