

Case Number:	CM14-0094635		
Date Assigned:	07/25/2014	Date of Injury:	01/29/2012
Decision Date:	09/22/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/23/2014

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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:

This 66 year old patient had a date of injury on 1/29/2012. The mechanism of injury was not noted. In a progress noted dated 2/7/2014, subjective findings included feeling depressed, and other feels pretty okay. On a physical exam dated 2/7/2014, objective findings included awake, alert, oriented, well nourished. Diagnostic impression shows allergic rhinitis, hypertension, hallux valgus. Treatment to date: medication therapy, behavioral modification. A UR decision dated 6/4/2014 denied the request for electrocardiogram (EKG), stating that his documented vital signs and cardiovascular examination on 3/19/2014 were normal, and clarification is needed regarding prior diagnostic studies including any previous EKGs, date of the latest evaluations, and corresponding findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrocardiogram (EKG): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation https://www.icsi.org/_asset/wjqy4g/HTN.pdf - Institute for Clinical Systems Improvement Health Care Guideline, Hypertension Diagnosis and Treatment.

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: FDA: Electrocardiogram.

Decision rationale: The MTUS and Official Disability Guidelines do not apply. The FDA state that electrocardiogram is used to measure electrical activity to the heart. It helps identify damage to the heart, how fast heart is beating and whether it is beating normally. It also measures effects of drugs or devices used to control the heart, and to test for heart disease. In the latest progress report dated 2/7/2014, there was no documentation of any abnormal objective findings. No recent diagnostic studies, including previous EKGs, dates of evaluation, or intent of this exam was discussed to necessitate the request for an EKG. Therefore, the request for EKG(electrocardiogram) is not medically necessary.