

Case Number:	CM14-0099397		
Date Assigned:	07/28/2014	Date of Injury:	08/11/2003
Decision Date:	09/25/2014	UR Denial Date:	05/31/2014
Priority:	Standard	Application Received:	06/27/2014

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: Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 53-year-old female was reportedly injured on August 11, 2003. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated June 9, 2014, indicated that there were ongoing complaints of episodic headaches and vertigo. The injured employee has had a cerebrovascular accident in 2012. The physical examination demonstrated a mildly slowed affect and mildly slurred speech. No treatments tests are diagnostic studies were recommended. There was an apparent previous echocardiogram indicating left ventricular hypertrophy and left atrial enlargement. There was an EKG performed on May 9, 2014, which was remarkable for the presence of a T -wave and ischemia. Previous treatment was not discussed. A request had been made for an Electrocardiogram and was not considered medically necessary in the pre-authorization process on May 31, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EKG (Electrocardiogram): 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 Other Medical Treatment Guideline or Medical Evidence:<http://www.nlm.nih.gov/medlineplus/ency/article/003868.htm>.

Decision rationale: According to the attached medical record, the injured employee has a history of hypertension and an abnormal echocardiogram. The previous utilization management review did indicate that all people with hypertension should arrange to have a 12 lead electrocardiogram performed amongst other testing. Additionally, the National Institute of Health indicates that an EKG should be performed if there have been heart problems in the past. Considering this, this request for an EKG is medically necessary.