

Case Number:	CM14-0175469		
Date Assigned:	10/28/2014	Date of Injury:	12/10/2005
Decision Date:	05/28/2015	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/23/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Internal Medicine, Cardiovascular Disease

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 58-year-old male who reported an industrial injury on 12/10/2005. The mechanism of injury was not specifically stated. The current diagnoses include hypertension, hypercholesterolemia, and acquired cyst of the kidney, tobacco use disorder, reflux, esophagitis, chronic ischemic heart disease, lumbar disc disorder and chronic low back pain. The only clinical documentation submitted for review is an office visit dated 10/18/2013. The injured worker presented for a follow-up evaluation. The current medication regimen includes aspirin, Cipro, clobetasol cream, Spectazole cream, naproxen, Prilosec, Lamisil, Lipitor, Nitrostat and Diovan. The physician documented a blood pressure of 122/70 in the office. The injured worker had a body mass index of 24.6. The injured worker denied exertional chest pain, tightness, pressure or dyspnea. There was no history of palpitations, lightheadedness or syncope. The injured worker reported fatigue and sleep apnea. It was also noted that the injured worker was being evaluated for possible bladder cancer. The latest laboratory testing was documented on 01/08/2010 and 04/28/2009. An EKG revealed sinus rhythm with 74 beats per minute. There were no ST changes or abnormal T waves noted. A previous EKG obtained in the clinic on 10/19/2012 also revealed normal sinus rhythm with 69 beats per minute. Treatment recommendations at that time included continuation of medical therapy and smoking cessation. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Echocardiogram: Upheld

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/pubmedhealth.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative electrocardiogram (ECG).

Decision rationale: The Official Disability Guidelines recommend electrocardiogram preoperatively if there is evidence of intermediate or high risk factors prior to the surgical procedure. In this case, there was no indication that this injured worker was scheduled for a surgical procedure. The documentation provided indicated the injured worker was status post cardiac stent placement. There was no mention of acute chest pain or dyspnea. The medical necessity for the requested electrocardiogram has not been established in this case. As such, the request is not medically necessary at this time.