

Case Number:	CM15-0100457		
Date Assigned:	06/02/2015	Date of Injury:	05/13/2011
Decision Date:	07/09/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/26/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 47 year old female, who sustained an industrial injury on 5/13/11. The injured worker was diagnosed as having cervical and lumbar strain, disc disease, history of multiple falls, status post right shoulder surgery, vision problems, sleeping difficulty, headaches, depression and internal TMJ. Treatment to date has included pain management, oral medications and activity restrictions. Currently, the injured worker complains of multiple complaints involving the spine including the tingling on feet and difficulty moving arms. Physical exam noted slow ambulation, limited range of motion of cervical and lumbar spine and tingling of the right lower extremity; moderate to severe tenderness over the right erector capitis and trapezius muscle and moderate to severe tenderness over the right supraspinatus, infraspinatus, deltoid and biceps muscles and tendons. The treatment plan included follow up appointment, (MRI) magnetic resonance imaging of lumbar spine and Botox injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

EKG (electrocardiogram): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation eMedicine article "Electrocardiography".

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Electrocardiography.
<http://emedicine.medscape.com/article/1894014-overview>.

Decision rationale: According to Medscape, EKG is indicated in case of suspicion of myocardial infarction, arrhythmia or other cardiac dysfunction. There is no evidence that the patient developed cardiac infarction. Therefore, the request for EKG (electrocardiogram) is not medically necessary.