

<b>Case Number:</b>	CM15-0015183		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	12/01/2013
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 69 year old male sustained an industrial injury to the right shoulder and left wrist on 12/1/13. Treatment included medications, physical therapy and cortisone injections. In a PR-2 dated 10/14/14, the injured worker's blood pressure was noted to be too high at 196/78. The physician noted that the injured worker had no history of hypertension. In a PR-2 dated 12/30/14, the injured worker's blood pressure had improved to 152/73. The patient has a family history of heart disease. The remaining physical findings were within normal limits. Other notes were illegible. Current diagnoses included rule out white coat syndrome secondary to hypertension, right shoulder impingement syndrome, psychological diagnosis, gastroesophageal reflux disease and orthopedic injury. The treatment plan included a two dimensional echo ad electrocardiogram. On 1/6/15, Utilization Review noncertified a request for EKG (electrocardiogram) citing CA MTUS, ACOEM and ODG guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

### 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

<http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0004319/>, Electrocardiogram A.D.A.M. Medical Encyclopedia.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.aafp.org/afp/2000/0201/p884.html>

**Decision rationale:** Regarding the request for EKG, California MTUS and ODG do not address the issue. The AAFP supports ambulatory ECG for various indications including: for the evaluation of symptoms of cardiac arrhythmias; for risk assessment in patients who have sustained a myocardial infarction, have congestive heart failure (CHF) or have hypertrophic cardiomyopathy; for the evaluation of antiarrhythmic therapy, or pacemaker or implantable cardioverter-defibrillator function; and for the evaluation of possible myocardial ischemia. Within the documentation available for review, the patient has had elevated blood pressure recorded in the provider's office, but none of the criteria outlined above have been met and there is no legible documentation that the patient's hypertension has failed to respond to treatment as of yet. In light of the above issues, the currently requested EKG is not medically necessary.