

<b>Case Number:</b>	CM15-0015346		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	01/17/2008
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/20/2015
<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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 is a 51 year old male patient, who sustained an industrial injury on 1/17/08. He has reported chest pain related to stress from injuries on 1/17/08 working as a sheriff. The diagnoses have included hypertension, aortic valve disorders, cardiac dysrhythmia and cardiac murmurs. Per the note dated 7/23/2014, he had complains of chest pain that occurs when under emotional stress. Per the note dated 10/29/2014, he is losing weight, working out and feels better. Physical examination revealed weight of 226 pounds, blood pressure of 134/60 and heart rate 66 and regular. The lung sounds were clear and cardiac status revealed normal sinus rhythm. His current medications list includes losartan, amlodipine, hydrochlorothiazide and cialis. His medical history includes dyslipidemia. He was scheduled for an echocardiogram in 3 months to assess left ventricular function and rule out left ventricular hypertrophy. He has had an electrocardiogram (EKG) on 7/23/2014 which revealed left bundle branch block. He has had cardiac stress test dated 10/22/14 which revealed normal perfusion and low normal ejection fraction. On 1/20/15 Utilization Review non-certified a request for electrocardiogram (EKG), noting there were no new complaints or exacerbation of symptoms that require a repeat electrocardiogram (EKG). The (MTUS) Medical Treatment Utilization Schedule guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EKG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bonow: Braunwald's Heart Disease- A Textbook of Cardiovascular Medicine, 9th. Chapter 13 Electrocardiography

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Screening for Coronary Heart Disease With Electrocardiography: U.S. Preventive Services Task Force Recommendation Statement. Moyer VA, on behalf of the U.S. Preventive Services Task Force\* Ann Intern Med. 2012 Jul; PMID 22847227

**Decision rationale:** Request: EKG Per the records provided patient is having hypertension, hyperlipidemia and chest pain. He has been prescribed medication for these conditions including losartan, amlodipine, hydrochlorothiazide and cialis. An EKG was medically necessary and appropriate in this patient to evaluate for any cardiac abnormalities. However, the patient has already had an electrocardiogram (EKG) on 7/23/2014 which revealed left bundle branch block. He has had cardiac stress test dated 10/22/14 which revealed normal perfusion and low normal ejection fraction. The last clinical note does not document any cardiac symptoms or recurrence of symptoms or worsening of the condition. Physical examination revealed normal cardiac examination. The rationale for a repeat EKG is not specified in the records provided. The medical necessity of an EKG is not fully established for this patient at this time.