

<b>Case Number:</b>	CM15-0072352		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	09/12/2013
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 66 year old female who sustained an industrial injury on 09/12/2013. Current diagnoses include fracture of the right arm-status post 2 surgeries, post-traumatic stress disorder, depression, gastroesophageal reflux disease, and marked imbalance/cerebellar dysfunction. Previous treatments included medication management, acupuncture, and surgery. Previous diagnostic studies include an MRI of the cervical and lumbar spine and x-rays. Report dated 03/05/2015 noted that the injured worker presented for evaluation of medical complications occurring from her work related injury. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included prescribing medication, continue with neurontin, request for medical records review, request for laboratory evaluation, and request for return follow up in 6 weeks. Disputed treatments include retro electrocardiogram.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro electrocardiogram:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.UpToDate.com](http://www.UpToDate.com).

**Decision rationale:** This 66 year old female has complained of elbow, right arm and wrist pain since date of injury 9/2/13. She has been treated with acupuncture, physical therapy and medications. The current request is for a retro electrocardiogram. There is no provider rationale included in the available medical documentation regarding the necessity for obtaining an electrocardiogram in this patient. On the basis of the available medical documentation and per the guidelines cited above, retro electrocardiogram is not indicated as medically necessary.