

<b>Case Number:</b>	CM15-0098481		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	12/09/2011
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### 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:

The injured worker is a 48 year old male, who sustained an industrial injury on 12/09/2011. The exact nature of these injuries was not documented. He has reported subsequent abdominal pain, diarrhea, constipation and acid reflux and was diagnosed with gastropathy, gastroesophageal reflux disease, irritable bowel syndrome, hypertension and hyperlipidemia. Treatment to date has included oral medication. In a progress note dated 04/08/2015, the injured worker complained of abdominal pain, unchanged diarrhea, unchanged constipation, improved acid reflux and unchanged hypertension. The injured worker was also noted to have shortness of breath, cephalgia and orthopedic and psychological complaints though the specific nature of these complaints was not discussed. Objective findings were unremarkable. A request for authorization of an electrocardiogram was submitted without an explanation as to the reason for the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electrocardiogram (EKG):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid Services at [http://www.oms.gov/MCD/viewled.asp?led\\_id=28255&led\\_version=19&show=all](http://www.oms.gov/MCD/viewled.asp?led_id=28255&led_version=19&show=all).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <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, it is unclear why the EKG would be needed at the current time. There is no discussion indicating how the patient's treatment plan will be changed based upon the outcome of this study. In light of the above issues, the currently requested EKG is not medically necessary.