

Case Number:	CM13-0039896		
Date Assigned:	12/20/2013	Date of Injury:	09/15/2006
Decision Date:	02/21/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/28/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Claimant is a year old female with date of injury 9/15/2006. Injury was the result of a slip and fall onto the tailbone. Per a progress note dated 8/16/2013, the claimant has reported numerous muscular and musculoskeletal aches and pains for many parts of the body, including the neck, the shoulders (particularly the right shoulder), arms, hands, low back, and legs. She has ongoing complaints of musculoskeletal aches and pains despite treatment with work restrictions, medications, therapy, chiropractic care and acupuncture. On 3/25/2012 she had chest pain and palpation and was seen in the ER for these symptoms. She is currently complaining of worsening acid reflux at night and worsening abdominal pain. Exam showed BP 129/84, pulse 68, heart with regular rate and rhythm, S1 and S2, no rubs or gallops. Diagnoses include: 1) cervical disc syndrome 2) right shoulder rotator cuff syndrome 3) right wrist carpal tunnel syndrome 4) lumbar spine disc syndrome 5) cervical spine herniated nucleus pulposus with bilateral upper extremity radiculitis rule out radiculopathy 6) rule out right ulnar nerve entrapment 7) lumbar spine herniated nucleus pulposus. $\hat{\alpha}\hat{\iota}\hat{\iota}$

IMR ISSUES, DECISIONS AND RATIONALES

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

24 hour Holter monitor study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1999 American College of Cardiology/American Heart Association guidelines on ambulatory electrocardiography

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA Guidelines for Ambulatory Electrocardiography: Executive Summary and Recommendations, Circulation. 1999; 100: 886-893

Decision rationale: According to the medical records provided for review, the claimant had a single episode of chest pain with no evidence that it was cardiac in nature. She is normotensive and has a regular heart rate and rhythm. The request for 24 hour cardiac Holter monitor is not supported by the cited guidelines, and is determined to not be medically necessary and appropriate.