MAXIMUS Federal Services

Case Number:	CM13-0053890		
Date Assigned:	12/30/2013	Date of Injury:	12/14/2012
Decision Date:	03/12/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/18/2013

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 Internal Medicine, and is licensed to practice in New York. 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:

The claimant is a 52-year-old who sustained an injury on 12/14/2012. He fell on an old TV tube and sustained a penetrating injury to the left thigh going through the posteromedial aspect of the thigh without any exit. A large piece of glass was retained in his thigh. He underwent exploration of the left thigh and removal of foreign body, excisional debridement and irrigation of the left thigh wound on 12/14/2012 with irrigation, washout and primary closure of the left thigh wound on 12/17/2012. He has had ongoing left leg pain. He has been treated with medical therapy, physical therapy, home exercise, cryotherapy, massage therapy, interferential current and resistive exercises. The treating provider has requested an ECG (electrocardiogram), urine dipstick, venipuncture, and glucose -reagent strip.

IMR ISSUES, DECISIONS AND RATIONALES

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

ECG (echocardiogram): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

Decision rationale: There is no indication for the requested ECG. The claimant has no history of cardiac disease and has no signs of referred cardiac pain. According to the Shoulder Complaints

Chapter of the ACOEM Practice Guidelines, an electrocardiogram is indicated to clarify apparent referred cardiac pain. Medical necessity for the requested service is not medically necessary. The request for an ECG is not medically necessary or appropriate.

urine dipstick: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine: Indications for a Urinalysis- 2013

Decision rationale: The Physician Reviewer's decision rationale: There is no specific indication for the requested urinalysis. The claimant is being treated for chronic leg pain. The claimant has no history of hypertension, diabetes, liver or kidney disease. A urinalysis and not a drug screen was requested. Medical necessity for the requested service has not been established. The request for a urine dipstick is not medically necessary or appropriate.

Venipuncture: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine: Venipuncture 2012

Decision rationale: The Physician Reviewer's decision rationale: There is no specific indication for the requested venipuncture for treatment of the claimant's chronic leg pain. Medical necessity for the requested service has not been established. The request for venipuncture is not medically necessary or appropriate.

glucose reagent strip: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine: Glucose -Reagent strip testing 2012

Decision rationale: The Physician Reviewer's decision rationale: The claimant has no history of diabetes or hypertension. There is no specific indication for the requested glucose-reagent strip testing for the treatment of chronic leg pain. Medical necessity for the requested service has not been established. The request for a glucose reagent strip is not medically necessary or appropriate.