

Case Number:	CM13-0057454		
Date Assigned:	12/30/2013	Date of Injury:	04/02/2012
Decision Date:	03/21/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/25/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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:

The patient is a 29 year old female with date of injury 4/2/12. The treating physician's hand written reports dated 11/7/13 and 9/25/13 are mostly illegible and indicate diagnoses: 1.Carpal Tunnel Release 354.0 2.De Quervain's Tenosynovitis 717.04 The utilization review report dated 11/18/13 denied the request for Medical Clearance Evaluation for Work Conditioning including Electrocardiogram and Echocardiogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical clearance evaluation for work conditioning, including electrocardiogram and echocardiogram for date of service 10/11/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin: Color-Flow Doppler Echocardiography in Adults.

Decision rationale: The employee presents post carpal tunnel release with continued wrist and hand pain. The request is for Medical Clearance Evaluation for Work Conditioning including

Electrocardiogram and Echocardiogram. The MTUS, ACOEM and ODG guidelines do not address this request. Therefore per LC4610.5(2) we must rely on peer-reviewed scientific and medical evidence regarding the effectiveness of the disputed service or nationally recognized professional standards or expert opinion. After researching this topic, AETNA guidelines consider echocardiography in adults for medical conditions such as aortic diseases, hypertrophic cardiomyopathy, prosthetic valves, septal defects, valve stenosis and regurgitation as indications for echocardiography. I was not able to find any other peer-reviewed evidence or nationally recognized standards for this kind of request, therefore, expert opinion is utilized. In reviewing the physician reports dated 11/7/13, 10/29/13, 9/25/13, 8/8/13, 7/8/13, 6/4/13 and 4/30/13 I could find no evidence of cardiac diagnosis, cardiac findings or any objective findings indicating that medical clearance is required. There is no documentation provided that a Medical Clearance Evaluation for Work Conditioning including Electrocardiogram and Echocardiogram was required for this employee and on 11/7/13 the treating physician noted the employee was to return to modified duty with limited use of the right hand. The treating physician in this case has failed to establish that a work conditioning program has been authorized and that there is medical evidence to suggest that a cardiac abnormality requires Medical Clearance Evaluation for Work Conditioning including Electrocardiogram and Echocardiogram before beginning a work conditioning program. Recommendation is for denial