

Case Number:	CM13-0059908		
Date Assigned:	12/30/2013	Date of Injury:	12/20/1974
Decision Date:	03/25/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/02/2013

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 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 63 year old male who sustained an injury on 12/20/74. He has diagnoses of hypertension and paroxysmal supraventricular tachycardia. He is maintained on medical therapy. The treating provider has requested a CBC, urinalysis, electrocardiogram, and echocardiogram with Doppler studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Blood work: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation labtestsonline.org.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Laboratory Studies

Decision rationale: There is no documentation in the medical records provided for review that indicates the medical necessity for the requested blood work. CBC's can be used to identify anemia or infection. Medical necessity for the requested item has not been established, and as such the requested item is not medically necessary and appropriate.

Urinalysis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation labtestsonline.org.

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

Decision rationale: There is no specific indication in the medical records provided for review for the requested urinalysis. The claimant has no history of diabetes, liver or kidney disease. Medical necessity for the requested service has not been established. The requested service is not medically necessary and appropriate.

Electrocardiogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Various p. Diagnostic Tests Electrocardiogram (ECG)

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

Decision rationale: There is no indication for the requested ECG. An ECG was obtained on 10/01/2013. The claimant has no recent history of cardiac disease and has no signs of referred cardiac pain. Per the ACOEM Guidelines, electrocardiograms are indicated to clarify apparent referred cardiac pain. Medical necessity for the requested service is not medically necessary. The requested service is not medically necessary and appropriate.

Echocardiogram with doppler studies: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation A Textbook of Cardiovascular Medicine, 7th ed., p. 261

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA Guidelines for Cardiac Imaging 2012.

Decision rationale: There is no documentation in the medical records provided for review which documents the need for another transthoracic echocardiography with Doppler studies. There have been no new complaints or exacerbation of symptoms. The claimant is stable on his present medical regimen. Medical necessity for the requested service has not been established. The requested service is not medically necessary and appropriate.