

Case Number:	CM13-0067522		
Date Assigned:	01/03/2014	Date of Injury:	04/23/2007
Decision Date:	04/25/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/18/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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/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 43-year-old female who reported an injury on 04/23/2007. The mechanism of injury was not stated. The patient is currently diagnosed as status post right De Quervain's tenosynovitis, status post left De Quervain's tenosynovitis, status post left thumb trigger release, right middle finger trigger, right carpal tunnel syndrome, left carpal tunnel syndrome, right upper extremity overuse syndrome, left upper extremity overuse syndrome, and left first web space numbness. A request for authorization was submitted on 11/08/2013 for outpatient cardiac telemetry monitoring. However, the latest physician progress report submitted for this review is documented by [REDACTED] on 10/08/2013. The patient reported constant left hand pain, numbness, tingling, and weakness. The patient also reported similar complaints on the right. Physical examination on that date revealed diminished grip strength, decreased and painful wrist range of motion, 3+ tenderness to palpation, tenderness to palpation over bilateral first dorsal wrist extensors, numbness over the left first web space, positive Phalen's testing and Tinel's testing bilaterally, and evidence of right middle finger triggering in the palm of the hands. Treatment recommendations at that time included upper extremity EMG/NCV studies, continuation of current medications, and continuation of home exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MOBILE CARDIAC OUTPATIENT TELEMETRY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 33.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state when approaching the initial assessment and documentation, physical examination should be guided by the medical history and include areas such as general observation of the patient, vital signs, focused regional examination, neurologic, ophthalmologic, or other specific screening, a more comprehensive examination in areas with related or potentially referred symptoms, and evaluation of non-organic symptoms and signs. As per the documentation submitted, the patient has a medical history of chest pain. However, there was no recent physician progress report submitted on the requesting date of 11/08/2013. Therefore, there is no evidence of a recent comprehensive cardiac examination. The relation of the patient's past medical history of chest pain to the current industrial injury was not provided. There were no recent vital signs or electrocardiographic studies provided for review. The request for 1 mobile cardiac outpatient telemetry is not medically necessary and appropriate.