MAXIMUS Federal Services

Case Number:	CM13-0070293		
Date Assigned:	01/03/2014	Date of Injury:	06/19/1990
Decision Date:	03/28/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/23/2013

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, has 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 patient is a 60 year old male with a date of injury on 06/19/1990. He has degenerative disease of the cervical and lumbar spine. He has carpal tunnel syndrome, shoulder pain and knee pain. He has been treated with wrist braces and steroid injections of the shoulders. He also has a history of poorly controlled diabetes, poorly controlled hypertension, hyperlipidemia and GERD. When working he used to deliver fruits and vegetables. There is no rating of internal medicine issues as part of his injury and the mechanism of injury is not documented. On 03/12/2013 he was 5'3" tall and weighed 150 pounds. The blood pressure was 150/109. Chest was clear. Heart sounds were normal. He was able to toe walk and heel walk with ease. On 11/05/2013 the blood pressure was 160/106.

IMR ISSUES, DECISIONS AND RATIONALES

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

Echocardiogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 181 - 183, 287 - 326,Chronic Pain Treatment Guidelines Page(s): 98 - 99.

Decision rationale: While excruciating pain may increase the blood pressure or glucose during an office visit temporarily, the patient's orthopedic conditions are not a cause of hypertension, heart disease or diabetes. There is no mechanism of injury documented and there is no internal medicine rating in addition to the orthopedic evaluations. He has chronic pain. The record consists of orthopedic evaluation and orthopedic testing. There are no provisions for echocardiogram, chest x-ray or laboratory studies in any MTUS or ODG guideline with the exception of surgical clearance procedures in cases of acute injury with red flag signs that are in obvious need of immediate surgery. There were no red flag signs in this case.

Laboratory Studies: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints,Chronic Pain Treatment Guidelines Page(s): 98,99.

Decision rationale: While excruciating pain may increase the blood pressure or glucose during an office visit temporarily, the patient's orthopedic conditions are not a cause of hypertension, heart disease or diabetes. There is no mechanism of injury documented and there is no internal medicine rating in addition to the orthopedic evaluations. He has chronic pain. The record consists of orthopedic evaluation and orthopedic testing. There are no provisions for echocardiogram, chest x-ray or laboratory studies in any MTUS or ODG guideline with the exception of surgical clearance procedures in cases of acute injury with red flag signs that are in obvious need of immediate surgery. There were no red flag signs in this case.

Chest X-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines Page(s): 98, 99.

Decision rationale: While excruciating pain may increase the blood pressure or glucose during an office visit temporarily, the patient's orthopedic conditions are not a cause of hypertension, heart disease or diabetes. There is no mechanism of injury documented and there is no internal medicine rating in addition to the orthopedic evaluations. He has chronic pain. The record consists of orthopedic evaluation and orthopedic testing. There are no provisions for echocardiogram, chest x-ray or laboratory studies in any MTUS or ODG guideline with the exception of surgical clearance procedures in cases of acute injury with red flag signs that are in obvious need of immediate surgery. There were no red flag signs in this case.