

Case Number:	CM14-0105160		
Date Assigned:	09/16/2014	Date of Injury:	02/16/2014
Decision Date:	10/15/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/08/2014

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 Occupational Medicine 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 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:

This is a 30 year old male with a 2/16/2014 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 6/13/14 noted subjective complaints of chest, neck, back, and shoulder pain. Objective findings included decreased ROM of the shoulder. Notably the progress reports are hand-written and largely illegible. Diagnostic Impression: cervical strain, Treatment to Date: physical therapy, medication management A UR decision dated 6/24/14 denied the request for echocardiogram. There is no documentation of angina or exertional shortness of breath. It also denied radi vs neuropathy. It would be first reasonable to complete a neurological examination. The provider noted that the patient requires EMG/NCV of the left lower extremity, however the patient complains of pain in the upper extremity.

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 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 Other Medical Treatment Guideline or Medical

Evidence: <http://www.mayoclinic.org/tests-procedures/echocardiogram/basics/definition/prc-20013918>

Decision rationale: CA MTUS and ODG do not address this issue. An online resource states that echocardiogram uses sound waves to produce images of the heart. It is utilized if there are suspected valvular problems or structural heart problems. However, there is no documentation of any physical exam findings or clinical symptoms such as angina or syncope to suggest serious cardiac valvular or structural pathology. Therefore, the request for echocardiogram was not medically necessary.

Radi vs Neuropathy: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter EMG/NCV

Decision rationale: CA MTUS states that electromyography (EMG), including H-reflex tests, are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, ODG states that EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. Furthermore, NCS are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. Presumably, this is a request for electrodiagnostic studies. However, there is no clearly documented neurological exam and therefore no neurological deficits on examination. The provider notes are largely illegible. Therefore, the request for radi vs neuropathy was not medically necessary.