

Case Number:	CM14-0110930		
Date Assigned:	08/01/2014	Date of Injury:	01/29/2014
Decision Date:	10/09/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/16/2014

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 Physical Medicine & Rehabilitation, and is licensed to practice in Nevada. 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 injured worker is a 48-year-old female who was reportedly injured on January 29, 2014. The mechanism of injury was noted as dropping a gallon container of bleach. The most recent progress note dated May 27, 2014, indicated that there were ongoing complaints of shortness of breath and dryness in her throat. Current medications include Motrin and Metformin. There was a normal physical examination to include lungs clear to auscultation and no evidence of a cardiac murmur, thrill, or rub with normal heart sounds. An electrocardiogram and a pulmonary function test were normal. Previous treatment is unknown. A request was made for an electrocardiogram and was not certified in the pre-authorization process on June 19, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Retrospective Electrocardiogram: Overturned

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.uptodate.com/contents/shortness-of-breath-dyspnea-beyond-the-basics>

Decision rationale: An electrocardiogram is a routine part of a workup for a patient's shortness of breath symptoms. The injured worker had potentially inhaled caustic fumes and had shortness of breath on subsequent days afterwards. Considering this, the request for an electrocardiogram is medically necessary to rule out a cardiac origin of the injured worker's shortness of breath.