

Case Number:	CM14-0129285		
Date Assigned:	08/18/2014	Date of Injury:	02/20/2014
Decision Date:	09/18/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/13/2014

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 Anesthesiology, has a subspecialty in Pain 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:

The injured worker is a 30-year-old male who had a work related injury on 02/20/2014. He sustained a burn injury when acid went through his suit. Most recent documentation submitted for review is dated 04/16/14. The injured worker is in for follow up. Injury is 85% better. He is awaiting general surgery referral. The injured worker admits 85% improvement with left lower leg burn and cellulitis improved no swelling, erythema, or discharge. Pain scales is 3/10. Injured worker has been working full duty. Treatment was tolerated. The injured worker is tolerating his medication. Durable medical equipment (DMEs) is helping with the injured worker's symptoms. There are no new symptoms. He states there is no active bleeding of the wound. He denies numbness and tingling. The injured worker states there is no weakness. He reports that the wound does not appear to be infected. There is no inhalation injury. Lymphatic, lymphangitis associated with a burn is not present. There is no vascular damage associated with the burn. The burn is healing as expected. The burn and proximal tissue did not reveal the following conditions: erythema, edema, increased heat, drainage, blisters and contamination. Adequate granulation tissue is present. There is no ecchymosis. There is no evidence of nerve damage associated with the burn. Location is left forearm, left tibia. There is no tendon damage. There is no restriction to range of motion. There is no fracture associated with the injury. Left tibia wound with resolved cellulitis, no erythema, swelling, or discharge. Two-centimeter open wound noted with some early granulation tissue. Motor strength in bilateral lower extremities is 5/5. Diagnoses include burns to the lower leg in the 2nd degree on the left, burns to the left arm in the first degree. Medications are Omnicef oral caplets 300 mg, Vicodin at bedtime. Prior utilization review on 07/14/14 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Cardio-respiratory or autonomic function assessment (cardio vagal innervation and heart-rate variability, adrenergic and echocardiogram): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://content.onlinejacc.org> Journal of the American College of Cardiology Volume 38, Issue 7, December 2001 ACC/AHA.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Cardiology, Volume 38, Issue 7, Dec 2001.

Decision rationale: The request for one cardio-respiratory or autonomic function assessment (cardio vagal innervation and heart-rate variability, adrenergic and echocardiogram) is not medically necessary. The clinical documentation submitted for review does not support the request. Based on the clinical notes dated 04/16/14, there is no clinical evidence to suggest that these tests are appropriate, or how these tests will help in the course of treatment. Therefore, medical necessity has not been established.