

Case Number:	CM14-0034894		
Date Assigned:	06/23/2014	Date of Injury:	04/07/2004
Decision Date:	08/14/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/20/2014

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 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 injured worker is a 64 year old male who sustained an injury on 04/07/04. No specific mechanism of injury was noted. The claimant has been followed for multiple complaints to include neck pain with chronic headaches as well as pain in the right shoulder, upper extremities, and bilateral knees. The injured worker has undergone prior surgical procedures for the cervical spine. The claimant was also assessed with carpal tunnel and double crush syndrome. Diagnoses include non-Hodgkin's' lymphoma as well as follicular lymphoma which was treated with radiation therapy. Office visit on 01/16/14 reported complaints of dysphasia to solid and liquid food. The injured worker was found to have a 2-3 centimeter gastric lesion in the fundus and had been referred to a gastrointestinal specialist for an endoscopy. This was to rule out an obstructive issue in the esophagus versus a stricture. No other specifics from this report were noted. There was a progress report from 05/05/14 that was handwritten documenting continuing complaints of constant low back pain as well as pain in the left elbow. Physical examination noted tenderness to palpation and spasms in the lumbar spine with a positive straight leg raise noted. There were positive Tinel's signs in the left elbow with sensory loss in the 4th and 5th digits of the left hand. There was atrophy noted in the left hand with loss of grip strength. The requested pulmonary function testing, echocardiogram, lab and bloodwork, as well as an office visit were denied by utilization review on 02/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

PULMONARY FUNCTION TEST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workers Compensation, Pulmonary Procedure summary.

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: Current Medical Diagnosis and Treatment, 2012. Goroll A.H. Primary Care Medicine, 7th ed. ISBN/ISSN: 9781451151497.

Decision rationale: Based on the medical records provided for review there is no clinical documentation provided for review establishing a specific rationale for the use of a pulmonary functional test. There is no specific physical examination findings noted or other diagnostic testing noted that would reasonably support the use of this type of testing. Therefore, the request for a pulmonary function test is medically necessary and appropriate.

ECHO Test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Zipes: Braunwald's Heart Disease: A Textbook of Cardiovascular Medicine, 7th ed., page 261.

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: Current Medical Diagnosis and Treatment, 2012. Goroll A.H. Primary Care Medicine, 7th ed. ISBN/ISSN: 9781451151497.

Decision rationale: Based on the medical records provided for review, there is no clinical documentation provided for review establishing a specific rationale for the use of an Echo test. There is no specific physical examination findings noted or other diagnostic testing noted that would reasonably support the use of this type of testing. Therefore, the request for ECHO is not medically necessary and appropriate.

LABS, BLOOD WORK: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation McPherson & Pincus: Henry's Clinical Diagnosis and Management by Laboratory Methods, 21st ed.

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: Current Medical Diagnosis and Treatment, 2012. Goroll A.H. Primary Care Medicine, 7th ed. ISBN/ISSN: 9781451151497.

Decision rationale: There is no clinical documentation provided for review establishing a specific rationale for further lab testing and blood work. There is no specific physical

examination findings noted or other diagnostic testing noted that would reasonably support the use of this type of testing. Therefore, the request for Labs, blood work is not medically necessary and appropriate.

OFFICE VISIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workman's Compensation, Pain Procedure Summary.

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: Current Medical Diagnosis and Treatment, 2012.Goroll A.H. Primary Care Medicine, 7th ed. ISBN/ISSN: 9781451151497.

Decision rationale: There is minimal information regarding the injured worker's ongoing condition in terms of pulmonary function or heart function that would support ongoing office visits under the work injury in question. Therefore, the request for a office visit is not medically necessary and appropriate.