

Case Number:	CM14-0036323		
Date Assigned:	06/25/2014	Date of Injury:	11/22/1998
Decision Date:	07/28/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	03/25/2014

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 and 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 45-year-old gentleman who was reportedly injured on November 22, 1998. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated February 10, 2014, indicates that there are ongoing complaints of bilateral hand and right shoulder pain. The physical examination demonstrated tenderness over the medial epicondyle of the right elbow and a positive Tinel's test. Examination of the wrists noted tenderness on the ulnar side and diminished sensation in the ulnar aspect. There was a positive Tinel's test and carpal compression test at the wrist. There was a diagnosis of an ulnar nerve lesion and reflex sympathetic dystrophy. Home exercise, a seated Walker, and a right shoulder injection were recommended. An ear nose and throat (ENT) referral was also recommended due to difficulty swallowing. Previous treatment includes right shoulder injections. A request was made for a carotid ultrasound, echocardiogram, and Lexiscan and was not certified in the pre-authorization process on March 19, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CAROTID ULTRASOUND: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.nlm.nih.gov/medlineplus/ency/article/003774.htm>.

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.nhlbi.nih.gov/health/health-topics/topics/cu/>.

Decision rationale: A review of the attached medical record does not indicate any need for a carotid ultrasound related to an injury sustained over 15 years ago. Additionally the justification for a carotid ultrasound is not mentioned. For these reasons this request for a carotid ultrasound is not medically necessary.

2D ECHOCARDIOGRAM WITH DOPPLER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.hopkinsmedicine.org/healthlibrary/test_procedures/cardiovascular/echocardiogram_92,P07969/Echocardiogram.

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.nlm.nih.gov/medlineplus/ency/article/003869.htm>.

Decision rationale: A review of the attached medical record does not indicate any need for a 2D echocardiogram related to an injury sustained over 15 years ago. Additionally the justification for a 2D echocardiogram is not mentioned. For these reasons, this request for a 2D echocardiogram with Doppler is not medically necessary.

Lexiscan: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/lexiscan.html>.

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.pdrhealth.com/drugs/lexiscan>.

Decision rationale: A review of the attached medical record does not indicate any need for use of Lexiscan related to an injury sustained over 15 years ago. Additionally the justification for a Lexiscan is not mentioned. For these reasons, this request for a 2D Lexiscan is not medically necessary.

Sudo scan: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3817891/>.

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.ncbi.nlm.nih.gov/pmc/articles/PMC3817891/>.

Decision rationale: A Sudo scan is a test for suitable motor dysfunction which is an early detectable abnormality in diabetics small fiber neuropathy. A review of the attached medical record does not indicate any need for use of a Sudo scan related to an injury sustained over 15 years ago. Additionally the justification for a Sudo scan is not mentioned. For these reasons this request for a Sudo scan is not medically necessary.

CARDIO/RESPIRATORY TESTING: 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://heart-disease.emedtv.com/cardiovascular-disease/cardiovascular-system-tests.html>.

Decision rationale: A review of the attached medical record does not indicate any need for use of a cardio/respiratory testing related to an injury sustained over 15 years ago. Additionally the justification for cardio/respiratory testing is not mentioned. For these reasons this request for cardio/respiratory testing is not medically necessary.