

Case Number:	CM14-0063826		
Date Assigned:	07/11/2014	Date of Injury:	06/30/2010
Decision Date:	09/15/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	05/06/2014

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 records presented for review indicate that this 66-year-old male was reportedly injured on June 30, 2010. The mechanism of injury is noted as being caught between a cart and a wall. The most recent progress note, dated March 27, 2014 indicates that there are ongoing complaints of cervical spine pain right shoulder pain, right wrist pain, right knee pain, right ankle pain, as well as decreased sleep, depression, anxiety, and irritability. The physical examination demonstrated tenderness over the paravertebral muscles of the cervical spine with spasms. There was full cervical spine range of motion as well as full-motion of the right shoulder and wrist. Examination of the wrist indicated tenderness over the bowl area and lateral aspect. There was a positive Phalen's test. There was also tenderness at the lateral, medial, and anterior aspect of the right knee as well as a positive McMurray's test. Diagnostic imaging studies were not reviewed during this visit. Previous treatment is unknown. A request had been made for stress testing and was not certified in the pre-authorization process on April 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stress Testing: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress.

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/stress/>.

Decision rationale: It is assumed that this request for stress testing is a request for cardiac stress testing. According to the progress note dated March 27, 2014, the injured employee was recommended to obtain cardiologic testing in order to further measure the patient's cardiovascular health. It is unclear what relation the injured employee's cardiovascular status has to the compensable injuries of the cervical spine as well as upper and lower right extremities. Without additional justification, this request for stress testing is not medically necessary.