

Case Number:	CM14-0082322		
Date Assigned:	07/21/2014	Date of Injury:	01/04/2012
Decision Date:	09/23/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/03/2014

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 61-year-old individual was reportedly injured on January 4, 2013. The mechanism of injury was noted as a cumulative trauma type situation. The most recent progress note, dated April 28, 2014, indicated that there were ongoing complaints of neck pain, bilateral shoulder pain, low back pain, left elbow pain, left wrist pain, and left ankle pain as well as right hand index and middle finger discomfort. These were reported secondary to a repetitive trauma type situation. The physical examination demonstrated reduced range of motion, and no specific neurological findings. A determination of maximum medical improvement was made and an impairment rating assigned. Diagnostic imaging studies included a trans-thoracic echocardiogram noting the heart to be within normal dimensions. An ultrasound of the abdomen was performed and noted to be within normal limits. Imaging studies noted multiple areas of degenerative changes. Previous treatment includes multiple medications, epidural steroid injections, and other conservative interventions. A request had been made for abdominal diagnostic studies and was not certified in the pre-authorization process on May 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 D ECHOCARDIOGRAM WITH DOPPLER: 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: Impact of Multiplanar Review of Three-Dimensional Echocardiographic Data on Management of Congenital Heart Disease. Ann. Thorac. Surg., September 2008; 86: 875-881.

Decision rationale: When noting the date of injury, the reported mechanism of injury, and the most current clinical evaluation completed, there were no complaints of cardiac disease. As such, there was no clinical indication for this particular specialized imaging study. Thus, with the lack of clinical information, the medical necessity for this procedure cannot be established.

ABDOMINAL ULTRASOUND: 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: Bisset (1 January 2008). Differential Diagnosis in Abdominal Ultrasound, 3/e. Elsevier India. p. 257. ISBN 978-81-312-1574-6.

Decision rationale: The purpose of this study is to visualize abdominal anatomy. The most recent progress notes indicate there were no abdominal complaints. Therefore, when considering the reported mechanism of injury, the lack of specific complaints, and the complete lack of any physical examination findings, there is no data presented to establish the medical necessity for this imaging study.

UPPER GASTROINTESTINAL: 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: Gastroscopy - examination of oesophagus and stomach by endoscope". BUPA. December 2006.

Decision rationale: The current medical records do not demonstrate any complaints of abdominal discomfort, complaints, or the symptomatology. Therefore, based on the complete lack of clinical information, the medical necessity for this study cannot be established.

DIABETIC TEST STRIPS, LANCETS AND ALCOHOL SWABS: 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 INDEX, 11TH EDITION (WEB). 2013.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ; Knee & Leg, DME.

Decision rationale: The medical equipment, outlined, is needed for the assessment of the blood sugar and to appropriately treat diabetes. The most recent progress note, presented for review, did not offer diabetes as a diagnosis in this individual. Therefore, based on a lack of clinical information, there is no medical necessity established for this medical equipment.