

Case Number:	CM14-0083988		
Date Assigned:	07/21/2014	Date of Injury:	04/24/2003
Decision Date:	09/17/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/05/2014

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 51-year-old female was reportedly injured on 4/24/2003. The mechanism of injury was noted as a right upper extremity injury after she attempted to help a 200 lb patient who was falling. The progress notes, dated 4/9/2014 and 5/1/2014, indicate that there were ongoing complaints of right upper extremity pain and dyspepsia. Physical examination demonstrated tenderness in the mid-epigastric area without appreciable mass. Lungs were clear to percussion and auscultation. Cardiac S1 and S2 were normal without S3 or S4 gallop, murmur, thrill or rub. Protection of right upper extremity with no cyanosis, clubbing or edema of the extremities. Deep tendon reflexes were physiological and Romberg was negative. EMG/NCV studies, dated 10/28/2010, were normal. Diagnoses: Right upper extremity injury and gastritis. Previous treatment included physical therapy and medications to include Vicodin, Prilosec, ibuprofen and Lunesta. A request had been made for 1 electrocardiogram, Hemoglobin A1C, Helicobacter Pylori IgG, and urinalysis, which were not certified in the utilization review on 5/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Electrocardiogram: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

Decision rationale: MTUS guidelines recommend periodic lab monitoring of a CBC and chemistry profile as well as routine blood pressure monitoring for patients who take non-steroidal anti-inflammatory medications; however, there is no recommendation for an electrocardiogram. Review, of the available medical records, fails to document chest pain, shortness of breath or dyspnea. As such, this request is not considered medically necessary.

Hemoglobin A1C: 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 Official Disability Guidelines (ODG) Official Disability Guidelines (ODG) ODG -TWC/ODG Integrated Treatment/Disability Duration Guidelines; Diabetes (Type 1, 2, and Gestational) - Diabetic Neuropathy (updated 07/28/14): Electronically sited.

Decision rationale: MTUS and ACOEM practice guidelines do not address. ODG discusses Hemoglobin A1C testing in patients with a history of diabetic peripheral neuropathy and/or patients on statin therapy. Review, of the available medical records, fails to document a previous history of either peripheral neuropathy or hyperlipidemia. As such, this test was not considered medically necessary.

Helicobacter pylori IgG: 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 Official Disability Guidelines (ODG) ODG -TWC/ODG Integrated Treatment/Disability Duration Guidelines; Pain (Chronic) - NSAIDs, G.I. Symptoms (updated 07/10/14): Electronically sited.

Decision rationale: MTUS and ACOEM practice guidelines do not address. ODG recommends against routine screening for H. Pylori in patients who are about to start NSAIDs. There are no clear-cut guidelines for treatment of H. Pylori after initiation of NSAID treatment; however, the eradication of H. Pylori alone is not sufficient to prevent ulcer bleeding in NSAID users with high gastrointestinal risk. As such, this request is not considered medically necessary.

Urinalysis: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

Decision rationale: MTUS guidelines recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function test) as well as routine blood pressure monitoring for patients who take non-steroidal anti-inflammatory medications; however, there is no recommendation for urinalysis for renal function. Review, of the available medical records, fails to document why the urinalysis was recommended. This request is not considered medically necessary.