

Case Number:	CM14-0094772		
Date Assigned:	07/25/2014	Date of Injury:	08/06/2013
Decision Date:	09/29/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/23/2014

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 21-year-old female was reportedly injured on August 6, 2013. The mechanism of injury is noted as moving boxes and injuring the right shoulder. The most recent progress note, dated April 2, 2014, indicates that there are no stated ongoing complaints. The physical examination demonstrated evidence of thoracic outlet syndrome. Diagnostic imaging studies of the cervical spine noted gentle straightening of the normal cervical lordosis and mild to moderate right neural foraminal stenosis at C3 - C4 and C4 - C5. Upper extremity nerve conduction studies were within normal limits. Previous treatment is unknown. A request had been made for preoperative blood testing, history and physical examination, preoperative electrocardiogram and chest x-ray, and a venogram/angiogram with Percutaneous transluminal of the brachiocephalic vessels with the possibility of stenting and was not certified in the pre-authorization process on June 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-Operative Tests (Complete Blood and Chem Panel): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Per Operative electrocardiogram (ECG) High Risk Surgical.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic, Preoperative Lab Testing, Updated August 22, 2014.

Decision rationale: A review of the attach medical record does not indicate that the injured employee is pending any surgery nor has had any surgery approved. As such, this request for preoperative testing is not medically necessary.

1 History and Physical Examination: 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), Low Back - Lumbar and Thoracic, Preoperative Testing, General, Updated August 22, 2014.

Decision rationale: A review of the attach medical record does not indicate that the injured employee is pending any surgery nor has had any surgery approved. As such, this request for a history and physical is not medically necessary.

1 Venogram/Angiogram with Percutaneous Transluminal of Brachiocephalic Vessels (Head, Neck and Arms) with possibility of Stenting: 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), Low Back - Lumbar and Thoracic, Preoperative Testing, General, Updated August 22, 2014.

Decision rationale: A review of the attach medical record does not indicate that the injured employee is pending any surgery nor has had any surgery approved. As such, this request for a venogram/angiogram with Percutaneous transluminal of the brachiocephalic vessels (head, neck, and arms) with the possibility of stenting is not medically necessary.

1 Pre Operative Electrocardiography and Chest X-ray: 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), Low Back - Lumbar and Thoracic, Preoperative Electrocardiogram, Updated August 22, 2014.

Decision rationale: A review of the attach medical record does not indicate that the injured employee is pending any surgery nor has had any surgery approved. As such, this request for a preoperative electrocardiography and chest x-ray is not medically necessary.