MAXIMUS Federal Services

Case Number:	CM14-0026664		
Date Assigned:	06/13/2014	Date of Injury:	03/13/2008
Decision Date:	01/29/2015	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/03/2014

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 Rehabilitation, and is licensed to practice in California. 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:

This patient's diagnosis is status post ablation for Wolff-Parkinson-White syndrome with palpitations and hypertension from 02/03/2014. The patient was noted to have an ablation a couple of years previously and reported he still got palpitations for unknown reasons. Holter monitoring was recommended for further evaluation.

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 MCGTM

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

Decision rationale: The ACOEM Guidelines, Chapter 2, Assessment, page 21, discuss that the physician should document a history and physical examination appropriate to the patient's medical situation and should document a rationale for diagnostic studies and the treatment plan. The medical records do not clarify a rationale for the requested carotid ultrasound, nor can I identify a rationale for this study in the medical treatment utilization schedule. Overall, the

medical records and guidelines do not support this request. This request is not medically necessary.