

Case Number:	CM14-0215255		
Date Assigned:	01/02/2015	Date of Injury:	02/28/2013
Decision Date:	07/08/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Internal Medicine

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 injured worker is a 35-year-old male who sustained an industrial injury on 02/28/2013 when he jumped from a collapsing ladder. The injured worker was diagnosed with abdominal pain, acid reflux: rule out ulcer/anatomical alteration, constipation/diarrhea: rule out irritable bowel syndrome, sleep disorder: rule out obstructive sleep apnea, H. pylori positive IgG antibody, umbilical hernia, obesity, status post orthopedic surgery and hepatomegaly/fatty liver. Treatment to date includes diagnostic testing with cardio-respiratory evaluation, Electrocardiogram (EKG), 2D Echocardiogram with Doppler study, orthopedic evaluations, surgery, chiropractic therapy, physical therapy and medications. The injured worker is status post left knee surgery on August 19, 2014. According to the treating physician's progress, report on October 21, 2014, the injured worker reports improvement in abdominal pain, acid reflux and diarrhea with medications. The injured worker continues to have headaches. There was no family history noted. Examination noted a blood pressure of 101/67 mm/Hg, heart rate at 71 bpm, regular rate and rhythm, S1 and S2 without rubs or gallops appreciated. Lungs were clear. Extremities noted no edema. According to the report an Electrocardiogram (EKG) performed on September 10, 2014 was unremarkable. The abdomen revealed 1+ epigastric pain and bloating. Current medications are listed as Tylenol #3, Prilosec, Gaviscon, Colace, Probiotics, Apprim-D, Sentra and Sentradine co-pack. Treatment plan consists of dietary instructions for a low fat, low acid and irritable bowel syndrome diet, surgical consultation for umbilical hernia evaluation and the current request for a cardiology consultation to rule out myocardial infarction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cardiology Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Occupational Medicine Practice Guidelines, 2nd Edition (2004) - pp. 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, page 127.

Decision rationale: ACOEM states that consultation is indicated to aid in the diagnosis, prognosis, and therapeutic management, determination of medical stability, and permanent residual loss and/or, the injured worker's fitness to return to work. In this case, there is no specific rationale identifying the medical necessity of the requested Cardiology consultation. The claimant has no history of cardiac disease and there is no specific documentation of medical necessity for the requested evaluation. There is also no documentation that diagnostic and therapeutic management has been exhausted within the present treating provider's scope of practice. Medical necessity for the requested service is not established. The requested service is not medically necessary.