

Case Number:	CM15-0135406		
Date Assigned:	07/23/2015	Date of Injury:	02/16/2014
Decision Date:	08/20/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/13/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 30 year old male, who sustained an industrial injury on February 16, 2014. He reported injury to the neck and bilateral upper extremities. The injured worker was diagnosed as having sprain of neck, sprain of thoracic region, shoulder sprain, depression, insomnia, cervical radiculopathy, upper back strain with radiculopathy, right shoulder sprain, right shoulder tendinitis, chest wall strain and chronic pain. Treatment to date has included diagnostic studies, injection and medications. On June 16, 2015, the injured worker complained of pain rated as a 6-7 on a 1-10 pain scale. The area of pain was not indicated. The range of motion since last visit was noted to be unchanged. The treatment plan included medications. On July 8, 2015, Utilization Review non-certified the request for echocardiography, citing California MTUS ACOEM Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Echocardiogram performed on 4/23/15: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation up-to date, echocardiogram.

Decision rationale: The California MTUS, ODG and the ACOEM do not specifically address the requested service. The up-to date guidelines state the requested service is indicated in the evaluation of cardiac function, valvular heart disease, pericarditis and thrombus. The records do not indicate the patient has these diagnoses or at risk of these diagnoses due to industrial incident. Therefore the request is not medically necessary.