

<b>Case Number:</b>	CM15-0162147		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	07/24/2013
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	08/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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 was a 36-year-old male, who sustained an industrial injury, July 24, 2013. The injury was sustained by accumulative repetitive worker related duties. The injured worker previously received the following treatments Alprazolam, Remeron, Diclofenac, Tramadol, Pantoprazole, Aspirin and Ibuprofen. The injured worker was diagnosed with bilateral carpal tunnel syndrome, lesion of the ulnar nerve. According to progress note of July 1, 2015, the injured worker's chief complaint was the bilateral upper extremities and bilateral hands. The injured worker reported musculoskeletal pain in the bilateral upper extremities, bilateral elbows, bilateral hands, bilateral wrists and right shoulder. The treatment plan included a request for an ICG.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Impedance cardiology (ICG): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://www.ncbi.nlm.nih.gov/pubmed/15752931>.

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

**Decision rationale:** The California MTUS, ODG and the ACOM do not specifically address the requested service. The up-to-date guidelines states impedance cardiography is indicated in the evaluation of hemodynamic parameters in patients with hypertension. The provided clinical documentation does not show a patient with hypertension that would require this type of testing. Therefore, the request is not medically necessary.