

Case Number:	CM15-0163870		
Date Assigned:	09/01/2015	Date of Injury:	11/20/2013
Decision Date:	09/30/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/20/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 51 year old male who sustained an industrial injury on 11-20-13. He had complaints of low back and bilateral shoulder pain. Treatments include: medication, physical therapy, acupuncture, chiropractic care, TENS unit and injections. Progress report dated 6-30-15 reports lower back pain has decreased and is rated 3 out of 10 on the pain scale. He has continued complaints of shoulder pain, left side greater than the right. He also has complaints of right foot pain. Diagnoses include: bilateral shoulder pain, lumbar spine strain with left radiculitis, multilevel degenerative disc disease. Plan of care includes: request acupuncture 2 times per weeks for 4 weeks, request physical therapy 2 times per week for 3 weeks, and get an x-ray of right foot and schedule surgery. Work status: return to full duty on 6-30-15, retired.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Stress Echo (DOS 07/17/2015): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.nlm.nih.gov/medlineplus/ency/article/007150>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACCF/ASE/AHA/ASNC/HFSA/HRS/SCAI/SCCM/SCCT/SCMR 2011, Appropriate Use Criteria for Echocardiography <http://content.onlinejacc.org/article.aspx?articleid=1144231>.

Decision rationale: This injured worker has a history of well-controlled hypertension but no other cardiac or pulmonary symptoms or diagnoses or risk factors. Prior EKG showed non-specific T wave changes and he had an exercise test utilizing the standard Bruce protocol. The test was clinically and cardiographically negative for ischemia. He also had an echocardiogram showing normal systolic and diastolic function and normal contractility per MD noted dated 2/25/15. In this injured worker with no active cardiac symptoms, the medical records do not provide justification for the medical necessity of a repeat stress echo and therefore is not medically necessary.

Retrospective Carotoid ultrasound (DOS 07/17/2015): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nhlbi.nih.gov/health/health-topics/cu>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation uptodate: Screening for asymptomatic carotid artery stenosis.

Decision rationale: This injured worker has a history of hypertension but no other documented cardiac or neurologic comorbidities or symptoms. There is no documentation of syncope or dizziness or any neurologic or cardiovascular symptoms. In this injured worker with no active cardiac symptoms, the medical records do not provide justification for the medical necessity of a carotid ultrasound and therefore is not medically necessary.