

Case Number:	CM15-0204485		
Date Assigned:	10/21/2015	Date of Injury:	10/02/2014
Decision Date:	12/08/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/19/2015

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: California, 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 56 year old male, who sustained an industrial-work injury on 10-2-14. He reported initial complaints of neck, bilateral hands, elbows, knees, right shoulder and low back pain. The injured worker was diagnosed as having chronic right shoulder impingement with adhesive capsulitis, cervical sprain-strain, thoracic sprain-strain, lumbar sprain-strain, and bilateral knee contusions. Treatment to date has included medication, LSO (lumbosacral orthotic) brace, and transcutaneous electrical nerve stimulation (TENS) unit. Currently, the injured worker complains of 7 out of 10 right hand pain, 8 out of 10 right shoulder pain, 5 out of 10 cervical pain, 3 out of 10 thoracic pain, 5 out of 10 low back pain. Meds include Tramadol, Naproxen, Pantoprazole, and Cyclobenzaprine. Per the primary physician's progress report (PR-2) on 9-21-15, exam noted tenderness to right shoulder, limited range of motion, positive impingement signs, positive Jobe test, atrophy of right deltoid musculature. There was tenderness to cervical, thoracic, lumbar spine with limited range of motion, no neurological deficit, tenderness to bilateral knees diffusely, spasm of the lumboparaspinal musculature and right cervical trapezius. Current plan of care includes proceed with right arthroscopic subacromial decompression, post-op therapy, orthosis with lateral supports, continue TENS, medication refill, and diagnostics. The Request for Authorization requested service to include Halter monitor. The Utilization Review on 10-2-15 denied the request for Halter monitor.

IMR ISSUES, DECISIONS AND RATIONALES

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

Halter monitor: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.heart.org/HEARTORG/>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Heart Association.

Decision rationale: CA MTUS/ACOEM Guidelines do not address Holter monitors, which are used to evaluate for possible cardiac arrhythmias. In this case, there is no complaint of dizziness, faintness, tachycardia or irregular heart rhythm to indicate the necessity of a Holter monitor. An EKG was submitted for review and appears to be abnormal, however the report was unconfirmed and there was no evidence of an arrhythmia. The patient's industrial injury was a trip and fall, which should not have any cardiac complications. Based on the above, the request is not medically necessary or appropriate.