

Case Number:	CM15-0032820		
Date Assigned:	02/26/2015	Date of Injury:	09/26/2014
Decision Date:	04/08/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/23/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 58-year-old female who reported an injury on 09/26/2014 due to an unspecified mechanism of injury. On 12/22/2014, she presented for a follow-up evaluation regarding her work related injury. She reported pain in the right shoulder with limited range of motion as well as burning and numbness into her right hand. A physical examination of the cervical spine showed full range of motion and no elicitable tenderness. Her right shoulder demonstrated limited range of motion with positive impingement signs on Hawkin's and Neer's testing. At the right hand, she also had a positive Tinel's sign in the median distribution. She was diagnosed with right carpal tunnel syndrome, right shoulder impingement, and right upper extremity overuse. The treatment plan was for a cardiology clearance. The rationale for treatment was not stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cardiology Clearance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, Preoperative testing, general.

Decision rationale: The Official Disability Guidelines indicate that preoperative laboratory tests should be performed when there is evidence that the injured worker has co-morbidities or underlying health risks prior to a high risk surgery. The documentation provided does not indicate that the injured worker has any co-morbidities or underlying health risks to support the requested cardiology clearance. Also, a clear rationale was not provided for the medical necessity of a cardiology clearance, and without this information the request would not be supported. Therefore, the request is not medically necessary.