

Case Number:	CM15-0033664		
Date Assigned:	02/27/2015	Date of Injury:	09/26/2014
Decision Date:	07/02/2015	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

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 patient who sustained an industrial injury on 09/26/2014. The accident was described as while performing regular work duty as a kitchen worker with insidious onset of right shoulder, right elbow, and right upper extremity pains from repetitive motions. A primary treating office visit dated 12/22/2014 reported the patient with subjective complaint of right shoulder pain with limited range of motion as well as pain, burning and numbness in the right hand. She is unable to do any gripping or grasping. The following diagnoses are applied: right carpal tunnel syndrome, and right upper extremity overuse. Current prescribed medications are: Fexmid, Anaprox, and Tramadol. She has participated in a course of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stress Echo: 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/12208444>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate Online, Stress Echocardiography.

Decision rationale: Regarding the request for stress echocardiography, the CA MTUS, ACOEM, and ODG do not address this issue. An online evidence-based database is cited which specify the following: "There are several specific indications for stress echocardiography: Evaluation of patients with known or suspected coronary artery disease. Assessment of myocardial viability. Evaluation of dyspnea of possible cardiac origin. Evaluation for pulmonary hypertension, as pulmonary artery systolic pressure can be estimated at rest and with exercise. Evaluation of mitral valve disease, including mitral stenosis and mitral regurgitation. Evaluation of aortic stenosis. Stress echocardiography may be reasonable and helpful in patients with low gradient aortic stenosis or asymptomatic aortic stenosis. Evaluation of left ventricular outflow tract gradients, mitral regurgitation, and pulmonary hypertension in patients with hypertrophic cardiomyopathy. In this injured worker, none of the above conditions are present. Furthermore, it appears the requesting provider has requested this in the context of preoperative screening. The ODG do suggest EKG for high risk surgeries, but have no provision for stress echocardiography. Given this, this request is not medically appropriate at this time. However, if there are circumstances identified in the future such as abnormality on EKG or cardiology recommendation for this study, it may be appropriate at that time.