

Case Number:	CM15-0099272		
Date Assigned:	06/01/2015	Date of Injury:	01/22/2015
Decision Date:	07/16/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/22/2015

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: Florida
 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 33 year old female, who sustained an industrial injury on 1/22/2015. She reported being electrocuted with immediate pain to the chest, arms, hands, right side greater than left. The records indicated abnormal electrocardiogram the following day immediately after the incident in the primary care office and in the Emergency Department and on three additional occasions. Diagnoses include shoulder impingement and abnormal electrocardiogram (EKG). Treatments to date include anti-inflammatory, muscle relaxer, NSAID, and a request for physical therapy. Currently, she complained of headaches, left sided chest pain, palpitations, fast heart rate, and shortness of breath. Chest pain occurs approximately twice a week and worse with activity. There was right shoulder and neck pain associated with headaches. On 4/20/15, the physical examination documented blood pressure 100/65 with normal heart rate and rhythm. Echocardiogram was performed and a stress echocardiogram. The assessment was documented to include right bundle branch block mitral regurgitation, electrocution. The plan of care included urgent laboratory evaluations including free T3, free T4, and CK.

IMR ISSUES, DECISIONS AND RATIONALES

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

T3, Free, T4, Free: 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.gov/pubmed/20225667>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hypothyroidism, an update.

Decision rationale: MTUS, ACOEM, and ODG guidelines do not address when to order thyroid function tests. Therefore, alternative sources were referenced. In this case, thyroid studies were apparently ordered urgently after the patient presented to a primary care physician's office complaining of chest pain, headaches, palpitations, and shortness of breath in 4/2015. A TSH test is a test that is commonly performed in those complaining of palpitations. Utilization review approved the TSH level, but not the T3/T4 testing. TSH is a test commonly ordered to screen for thyroid dysfunction. If it is abnormal then additional thyroid tests are necessary. In this case, the TSH test was necessary, but the T3/T4 testing initially was not medically necessary.

CK: 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/9848718>.

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

Decision rationale: MTUS, ACOEM, and ODG guidelines do not address when to order total CK (Creatinine Kinase) testing. Therefore, alternative sources were referenced. In this case, a total CK level was apparently ordered urgently after the patient presented to a primary care physician's office complaining of chest pain, headaches, palpitations, and shortness of breath in 4/2015. Creatinine Kinase is an enzyme that elevates when there is break down of skeletal muscle. This test should be ordered rapidly if for instance a condition called Rhabdomyolysis is being suspected. This is a condition where there is large amounts of muscle break down occurring. The documentation provided does not support this patient's symptoms being secondary to such a condition. Given the documentation that has been provided, this test does not appear to have been medically necessary at the time that it was ordered.