

Case Number:	CM15-0099274		
Date Assigned:	06/01/2015	Date of Injury:	01/22/2015
Decision Date:	06/30/2015	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: 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 33 year old female who sustained an industrial injury on 01/22/15. Initial complaints include feeling an electrical shock while holding 2 heat lamps. Initial diagnoses include effects of electric current, abnormal EKG - a right bundle branch block, and neuropathy bilateral upper extremities. Treatments to date include medications and a physical therapy evaluation. Diagnostic studies include an EKG, echocardiogram, and laboratory studies. Current complaints are not addressed. Current diagnoses include right bundle branch block, mitral regurgitation, and electrocution. In a progress note dated 04/20/15 the treating provider reports the plan of care as multiple blood studies. The requested treatments include phosphorus and amylase levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

Labs: Amylase and Phosphorus: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation up-to date, amylase.

Decision rationale: The California MTUS, ODG and the ACOEM do not specifically address the requested service. The up-to-date medical guidelines indicate amylase is used in the assessment of pancreatic function/disease. There is no indication the patient has risk or symptoms consistent with pancreatic disease and therefore the request is not medically necessary.