

Case Number:	CM15-0099287		
Date Assigned:	06/01/2015	Date of Injury:	01/22/2015
Decision Date:	07/08/2015	UR Denial Date:	04/23/2015
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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 01/22/2015. Current diagnoses include right bundle branch block, mitral regurgitation, and electrocution. Previous treatments were not included. Previous diagnostic studies include echocardiogram, stress echocardiogram, and laboratory evaluations. Initial injuries included being electrocuted at work. Report dated 04/20/2015 noted that the injured worker presented for cardiac evaluation of chest pain and abnormal EKG. Physical examination did not reveal any abnormal findings. The treatment plan included education and counseling, discussed atypical chest pain, post WC trauma, no cardiac disease was noted, may return to work without cardiac restrictions, and return to primary treating physician. Disputed treatments include vitamin B12 and folic acid, ferritin, iron, and STR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ferritin: 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/9253113>.

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

Decision rationale: This 33 year old female has complained of chest pain and headaches since date of injury 1/22/15. She has been treated with education and counseling. The current request is for ferritin. The available medical records do not document provider rationale or any patient symptomatology or objective findings that indicate the necessity of a serum ferritin level. On the basis of the available medical records and per evidenced based medical guidelines, ferritin level is not indicated as medically necessary.

Iron: 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/8653897>.

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

Decision rationale: This 33 year old female has complained of chest pain and headaches since date of injury 1/22/15. She has been treated with education and counseling. The current request is for iron level. The available medical records do not document provider rationale or any patient symptomatology or objective findings that indicate the necessity of a serum ferritin level. On the basis of the available medical records and per evidenced based medical guidelines, iron level is not medically necessary.

STR: 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/21443035>.

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

Decision rationale: This 33 year old female has complained of chest pain and headaches since date of injury 1/22/15. She has been treated with education and counseling. The current request is for STR. The available medical records do not document provider rationale or any patient symptomatology or objective findings that indicate the necessity of a serum ferritin level. On the basis of the available medical records and per evidenced based medical guidelines, STR is not medically necessary.

Vitamin B12 and folic acid: 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/18709881>.

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

Decision rationale: This 33 year old female has complained of chest pain and headaches since date of injury 1/22/15. She has been treated with education and counseling. The current request is for vitamin B12. The available medical records do not document provider rationale or any patient symptomatology or objective findings that indicate the necessity of Vitamin B12. On the basis of the available medical records and per evidenced based medical guidelines, Vitamin B12 is not medically necessary.