

Case Number:	CM13-0011552		
Date Assigned:	06/06/2014	Date of Injury:	05/03/2003
Decision Date:	07/11/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/15/2013

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 52 year old male who was injured on 05/03/2003. The mechanism of injury is unknown. Prior treatment history has included physical therapy and chiropractic therapy; Furosemide, potassium, aspirin, atorvastatin, lisinopril, atenolol, omeprazole, Docusate, and Zenpep. Office visit dated 07/05/2013 indicated the patient was complaining of dyspnea. On exam, the patient's heart had regular rhythm; S1 normal and S2 normally split; LVS4 audible; left infraclavicular ICD. The patient is diagnosed with coronary artery disease, PCI stent, proximal LAD, PROMUS, DES; Ischemic cardiomyopathy, LV systolic dysfunction with symptoms of exertional dyspnea, NYHA class II symptoms; and ICD. The recommendation is a re-assessment of LV function and evaluation to exclude progression of mitral regurgitation with echocardiography. He was instructed to continue vasodilators and diuretics with monitoring of blood pressures at home, holding ACE inhibitors for systolic blood pressure, and less than 50 mmHg. Prior utilization review dated 08/05/2013 states the request for echocardiography is non-certified as there is no documented evidence that the patient is unable to have at least moderate physical functioning or have a disabling comorbidity.

IMR ISSUES, DECISIONS AND RATIONALES

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

ECHOCARDIOGRAPHY: 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 Other Medical Treatment Guideline or Medical Evidence: American Society of Echocardiography Clinical Recommendations for Multimodality Cardiovascular Imaging of Patients with Hypertrophic Cardiomyopathy; (J Am Soc Echocardiography 2011;24:473-98.).

Decision rationale: CA MTUS and ODG are silent on the disputed issue. The American Society of Echocardiography recommends echocardiogram to evaluate for atrial/ventricular dysfunction, cardiac valve disease, and other signs/symptoms related to the cardiopulmonary systems such as orthopnea, dyspnea, pulmonary edema, etc. The clinical documents provided do establish the patient has cardiomyopathy and would require period echocardiogram evaluation. However, it is not clear how the patient's symptoms are progressing and if there has been a recent improvement or worsening. A recent subjective, objective exam with discussion of indication for echocardiogram were not provided. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.