

Case Number:	CM13-0019570		
Date Assigned:	11/08/2013	Date of Injury:	12/22/2011
Decision Date:	02/27/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Geriatrics 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 physician 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 injured worker is a 40 year old woman with a date of injury of 12/22/11. AT issue in this review are an ultrasound/ECHO and hemodynamic testing. The denial indicates that she was evaluated on 7/23/13 for feelings of anxiety, depression and stress. The records indicate that she denied chest pain, shortness of breath. Physical exam was said to be unremarkable. The worker was diagnosed with non-organic causes of anxiety which may benefit from psychotropic medications. This particular note is not included in the records for review, however review of past records shows she has had musculoskeletal complaints including tenderness to palpation in the cervical and upper thoracic musculature and decreased sensation in the C6-8 dermatomes. An MRI of 12/11 did not show any nerve root compression. She is status post chiropractic therapy, acupuncture, physical therapy and has trialed numerous medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for Echo/Ultrasound: 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 ACCF/ASE/AHA/ASNC/HFSA/HRS/SCAI/SCCM/SCCT/SCMR 2011 Appropriate Use

Criteria for Echocardiography http://www.asecho.org/wp-content/uploads/2013/05/Appropriate-Use-Criteria-for-Echo_2011.pdf.

Decision rationale: This injured worker has no documented cardiac risk factors. She has had complaints of musculoskeletal pain involving her cervical and thoracic regions as well as anxiety. Per the ACCF/ASE/AHA/ASNC/HFSA/HRS/SCAI/SCCM/SCCT/SCMR 2011 Appropriate Use Criteria for Echocardiography Guidelines, she has a low global CAD risk based upon her age, sex and being asymptomatic of cardiac symptoms. This is a 10 -year absolute CAD risk of < 6-10%. The records do not support the medical necessity of an echocardiogram /ultrasound in this individual.

Decision for hemodynamic testing: 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
ACCF/ASE/AHA/ASNC/HFSA/HRS/SCAI/SCCM/SCCT/SCMR 2011 Appropriate Use Criteria for Echocardiography http://www.asecho.org/wp-content/uploads/2013/05/Appropriate-Use-Criteria-for-Echo_2011.pdf

Decision rationale: This injured worker has no documented cardiac risk factors. She has had complaints of musculoskeletal pain involving her cervical and thoracic regions as well as anxiety. Hemodynamic testing is a non-specific term and could be included in a variety of cardiac studies. Per the ACCF/ASE/AHA/ASNC/HFSA/HRS/SCAI/SCCM/SCCT/SCMR 2011 Appropriate Use Criteria for Echocardiography Guidelines, she has a low global CAD risk based upon her age, sex and being asymptomatic. This is a 10 -year absolute CAD risk of < 6-10%. The records do not support the medical necessity of hemodynamic testing in this individual.