

Case Number:	CM13-0021642		
Date Assigned:	11/13/2013	Date of Injury:	01/29/2009
Decision Date:	01/10/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/09/2013

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 pain management, has a subspecialty in disability evaluation, 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.

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 55-year-old who sustained an injury on 01/29/2009 when the patient fell injuring his knee. He also complained of sciatic pain and has been diagnosed with constipation, abdominal pain, acid reflux, hypertension, and sleep disturbance. Cardiovascular exam showed that there was regular rate and rhythm, S1 and S2. There were no rubs or gallops appreciated. Physical examination showed that blood pressure was 144/72 mmHg (with medications taken last night at 10 PM, heart rate was 55 beat per minute, height was 6 feet 3 inches and weight was 266 pounds. The records document that the patient has a diagnosis of atrial fibrillation, and according to [REDACTED] supplement report dated August 6, 2012 the patient has previously had an echocardiogram in 2012, which revealed evidence of concentric left ventricular hypertrophy without evidence of diastolic dysfunction. A repeat 2 D Echo with Doppler was ordered but was denied as not medical necessary and this is the reason for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

2D Echocardiogram with doppler: 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 MedlinePlus, a service of National Library of Medicine and National Institute of Health..

Decision rationale: Echocardiogram and Doppler, is a test that uses sound waves to create a moving picture of the heart. The picture is much more detailed than a plan xray image and involves no radiation exposure, and it allows physicians to see the heart beating, and see the heart valves and other structures of the heart. A Doppler Echo cardiogram uses a probe to record the motion of the blood through the heart. The records documented that the patient has a diagnosis of atrial fibrillation, and according to [REDACTED] supplement report dated August 6, 2012 the patient has previously had an echocardiogram in 2012, which revealed evidence of concentric left ventricular hypertrophy without evidence of diastolic dysfunction, left atrial enlargement and Ejection fraction of 55%. On July 5, 2013, a repeat 2D Echocardiogram with Doppler was performed secondary to hypertension and left atrial enlargement. A repeat 2 D Echo with Doppler was requested but this time the request was denied as not medically necessary. This reviewer agrees with the UR decision, since there has not been any interval change in patients clinical condition to indicate the impending heart failure or other cardiovascular abnormalities that will required serial 2 D Echo with Doppler. The request for a 2D Echocardiogram with Doppler is not medically necessary or appropriate.