

Case Number:	CM13-0021759		
Date Assigned:	12/11/2013	Date of Injury:	08/22/2012
Decision Date:	01/30/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/06/2013

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 Internal Medicine and is licensed to practice in Rhode Island. 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 beneficiary is a 45 year old male who presents for hypertension. He noted an inguinal hernia in 2012 for which he had subsequent surgery with mesh placement. He continues to have discomfort in that area. At the time he was noted to have an elevated blood pressure. He was started on lisinopril/HCTZ 10/12.5 mg daily. He has had good results with the above medication. He has occasional headaches. He also has had impedance plethysmography to determine systemic vascular index. A request is made for a 2D echocardiogram to evaluate left ventricular function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for Echocardiogram: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Medical Treatment Guideline or Medical Evidence: Indications for echocardiogram:

Decision rationale: The beneficiary has chronic and stable hypertension. He has had hypertension for approximately two years. The blood pressure was brought under control with low doses of medication. He is relatively asymptomatic with no dyspnea or chest pain. No exertional symptoms. He has no evidence for secondary causes of hypertension. The beneficiary

does have some work related stress which can elevate the blood pressure but is not the cause for HTN. He has essential hypertension which appears controlled. There are no evident end organ complications, no evidence for congestive heart failure, no kidney disease. The beneficiary has no medical necessity for a 2 dimensional echocardiogram (2D ECHO). There are no complicating factors to his hypertension and he has no evidence for other medical complications that would be make echocardiography a necessary diagnostic test. I reference the above two guidelines in my decision.