

Case Number:	CM13-0029932		
Date Assigned:	03/17/2014	Date of Injury:	09/06/2007
Decision Date:	04/14/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/25/2013

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 Family Practice, has a subspecialty in Family 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 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:

This is a 50-year-old female claimant sustained an injury on September 6, 2007 involving her neck, shoulder and wrists. Her diagnoses included cervical discopathy, shoulder impingement and bilateral carpal tunnel syndrome. She has a history of hypertension. According to prior review notes she was also morbidly obesity with a body mass index of 40. A request was made on September 13, 2013 for an echocardiogram and a [REDACTED] program for one year.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 ECHOCARDIOGRAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse (NGC) summary of the Institute for Clinical Systems Improvement (ICSI) guideline Diagnosis and Treatment of Chest Pain and Acute Coronary Syndrome (ACS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1. SCREENING ECHOCARDIOGRAPHY NOT BENEFICIAL AM FAM PHYSICIAN 2014 FEB 1;89(3):224. 2. AMERICAN HEART ASSOCIATION GUIDELINES FOR ECHOCARDIOGRAPHY

Decision rationale: The MTUS and ACOEM guidelines do not comment on echocardiogram. According to the AAFP and AHA, echocardiograms are not recommended for routine screening or essential hypertension. In addition, an echocardiogram is utilized for evaluating patients with suspected structural heart disease, heart failure, etc. In this case, there is no indication for an echo and it is not medically necessary.

████████████████████ **PROGRAM FOR A PERIOD OF ONE YEAR:** Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pharmacologic and surgical management of obesity in primary care: a clinical practice guideline from the American College of Physicians. Ann Intern Med 2005 Apr 5;142(7):525-31.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation NATIONAL CLEARINGHOUSE GUIDELINES ON OBESITY MANAGEMENT.

Decision rationale: Weight loss is a multifaceted approach. With the help of a dietician and caloric intake management, goals may plateau within 6 months. In this case, the physician did not identify parameters for weight loss, dietary intake, dietician referral versus a ██████████ program for a year. Furthermore there's no documentation of uncontrolled hypertension. As a result the request for ██████████ is not medically necessary.