MAXIMUS Federal Services

| Case Number: | CM13-0031830 | | |
|---|---|---|---|
| Date Assigned: | 12/04/2013 | Date of Injury: | 11/02/2012 |
| Decision Date: | 02/11/2014 | UR Denial Date: | 09/09/2013 |
| Priority: | Standard | Application Received: | 10/04/2013 |

## 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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois, Indiana, and Texas. 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 patient is a 43-year-old male who reported injury on 11/02/2012. The mechanism of injury was stated to be a slip and fall. The patient was noted to have high blood pressure. The readings on 05/15/2013 were 157/104 and 162/99 on 07/17/2013. The patient's diagnosis was noted to include secondary hypertension. The request was made for a 2D echo.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**2D echocardiogram:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.guideline.gov/content.aspx?id=43876&search=echocardiogram+and+hypertension , ACR Appropriateness Criteria pulmonary hypertension.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Merck Manual, CHF - echocardiography.

**Decision rationale:** Per the Merck Manual, "Echocardiography can help evaluate chamber dimensions, valve function, EF, wall motion abnormalities, LV hypertrophy, and pericardial effusion. Intracardiac thrombi, tumors, and calcifications within the heart valves, mitral annulus, and aortic wall abnormalities can be detected. Localized or segmental wall motion abnormalities

strongly suggest underlying CAD but can also be present with patchy myocarditis. Doppler or color Doppler echocardiography accurately detects valvular disorders and shunts. Doppler studies of mitral and pulmonary venous inflow often help identify and quantify LV diastolic dysfunction; tissue Doppler imaging is more accurate. Measuring LVEF can distinguish between predominant diastolic dysfunction (EF > 0.50) and systolic dysfunction (EF < 0.40). It is important to re-emphasize that HF can occur with a normal LVEF. 3-dimensional echocardiography may become important but currently is available only in specialized centers." The patient's blood pressures were noted to be 157/104 on 05/15/2013 and 162/99 on 07/17/2013. However, there was a lack of examination and/or documented rationale to support the necessity for the service. Given the above and the lack of documentation, the request for 2D echocardiogram is not medically necessary.