

Case Number:	CM13-0032094		
Date Assigned:	12/04/2013	Date of Injury:	01/17/2008
Decision Date:	02/06/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	09/26/2013

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 New York. 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 pt is a 48 year old male with a history of injury on 1/17/08. His diagnoses include left bundle branch block, hypertension and erectile dysfunction. An echocardiogram 7/12 showed left ventricular hypertrophy and diastolic dysfunction. All 4 valves were normal. A heart murmur was noted, since at least 5/11. An exercise stress test done 3/12 was normal. A repeat stress test on 6/27/13 showed normal myocardial perfusion, left ventricular size and ejection fraction. Medicines include losartan, amlodipine, hydrochlorothiazide and cialis. A request for echo, outpatient med visit and labs for 9/17/13 was denied 9/23/13. An appeal was made 12/4/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Echocardiogram Transthoracic R-T 2D w/wo M-Mode: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmedhealth

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cecil's Textbook of Medicine, 24th Edition, Chapter 55.

Decision rationale: The guidelines indicate that transthoracic echocardiogram may be used in the evaluation of valvular heart disease, pericardial heart disease, aortic dissection,

cardiomyopathy and cardiac masses. There is no indication in the documents provided as to why a repeat echo is being requested. There is no cardiology note to suggest a change in the employee's status necessitating this test. It remains non-certified.

Office Outpatient Visit 15 minutes: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cecil's Textbook of Medicine, 24th Edition, Chapter 67.

Decision rationale: The guidelines indicate that patients with hypertension who are on medicines should have periodic doctor examinations. Therefore, an outpatient evaluation is certified.

Laboratory Studies: Overturned

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 Physician's Desk Reference (PDR).

Decision rationale: The PDR indicates that patients on Hydrochlorothiazide and/or Losartan should have their electrolytes monitored periodically. The employee had labs 12/18/12, 3/26/13, and 6/27/13. It appears that the provider orders labs every 3 months. This does not appear to be outside the parameters of periodic monitoring, and so is certified.