MAXIMUS Federal Services

Case Number:	CM13-0044741		
Date Assigned:	12/27/2013	Date of Injury:	01/29/2008
Decision Date:	02/28/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/01/2013

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, has a subspecialty in Cardiology, and is licensed to practice in 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 54-year-old who reported an injury on 01/29/2008. The patient has been diagnosed with coronary artery disease, old inferior myocardial infarction, hyperlipidemia, and hypertension. On the most recent clinical date, it noted the patient presented for a followup of his coronary disease. The patient remained extremely stable with no angina and no congestive symptoms and had worked very hard on weight reduction where upon he has lost almost 20 pounds. On the physical examination, the patient was noted to be overweight, but definitely improving. His cardiovascular exam noted normal rate, regular rhythm, normal heart sounds, and intact distal pulses. The exam also revealed no gallop and no friction rub, as well as no murmur heard. Pulmonary/chest exam noted normal effort and breath sounds. On the musculoskeletal exam, the patient had no edema noted; neurologically he was alert and present to person, place and time. The patient's most recent lab review noted his LDL was very satisfactory. The plan was for the patient to continue with current cardiovascular regimen, continue primary followup with his physician, [redacted], a cardiology followup in 6 months or sooner if needed for any change, and to undergo an echocardiogram to assess left and function and call for results.

IMR ISSUES, DECISIONS AND RATIONALES

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

Echocardiogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Use Criteria for Echocardiography. Journal of the American Society of Echocardiography Volume 24 Number 3ACCF, pp 258.

Decision rationale: According to the literature from Appropriate Use Criteria for Echocardiogram, it states that "Although these criteria are intended to provide guidance for care decisions, they cannot serve as substitutes for sound clinical judgment and practice experience". In the case of this patient, he has a history of cardiac issues and has been treated accordingly. However, his most recent physical exams have noted that he is stable and not currently having any episodes to warrant an echocardiogram. Without any significant symptoms pertaining to a relapse in problems, the medical necessity for an echocardiogram cannot be established. The request for an echocardiogram is not medically necessary or appropriate.

Echocardiogram follow-up visit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Office Visits.

Decision rationale: According to Official Disability Guidelines, office visits are recommended as determined to be medically necessary. Evaluation and management of outpatient visits to the offices of medical directors play a critical role in proper diagnosis and return to function of an injured worker and it should be encouraged. The determination is also based on what medications the patient is taking, since a medication such as opiates or medicine such as certain antibiotics require close monitoring. In the case of this patient, being that he has a history of cardiac problems to include hypertension, as well as other significant diagnoses such as hyperlipidemia. However, a follow-up on the basis of an echocardiogram is not warranted as the echocardiogram has not been determined as necessary. The request for an echocardiogram follow-up visit is not medically necessary or appropriate.