

<b>Case Number:</b>	CM13-0051536		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/01/2011
<b>Decision Date:</b>	03/12/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 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 51-year-old who reported an injury on 07/01/2001. The mechanism of injury was the patient tripped over a garden hose. The patient was diagnosed with displacement of lumbar intervertebral disc without myelopathy at L4-5; tear of the posterior cruciate ligament of the left knee; thoracic or lumbosacral neuritis or radiculitis unspecified; tear of lateral cartilage of meniscus of knee on the left; bilateral fluid in the intra-facet joints; lumbar facet joint syndrome; insomnia, unspecified; thymic disorder; lumbago; left knee internal derangement; and left ankle MLI (mean linear intercept). The clinical documentation states the patient complained of constant moderate dull, achy, sharp low back pain with stiffness and weakness aggravated by lifting 10 pounds, standing, walking, bending and squatting. The patient also complained of frequent knee pain. The knee pain was accompanied by stiffness and weakness associated with standing, walking and bending. The patient also complained of intermittent moderate left ankle pain and stiffness associated with walking. The patient reported a complaint of loss of sleep due to pain. The documentation also stated the patient suffered from depression, anxiety, and irritability. Objective findings indicated a blood pressure of 134/78, pulse is at 82 beats per minute. The patient was recommended an echocardiogram and an EKG (electrocardiogram) due to essential hypertension.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Echocardiogram due to essential hypertension:** 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 National Guideline Clearinghouse website [www.guideline.gov/content](http://www.guideline.gov/content).

**Decision rationale:** The Physician Reviewer's decision rationale: California MTUS/ACOEM and Official Disability Guidelines do not address the request. The National Guideline Clearinghouse states initial evaluation/history and laboratory tests, including complete blood count, urinalysis, renal and liver function should be used to evaluate hypertension. The guidelines also state early triage to determine level of care, emergency or inpatient, use of Framingham criteria tool, echocardiogram or re-evaluation of persistent or recurrent symptoms should also be used in diagnosis or evaluation of hypertension. The patient complained of pain to the low back. However, the clinical documentation submitted for review does not indicate that the patient had any comorbidities. Also, was not symptomatic of hypertension. The patient's blood pressure was 134/78. The documentation submitted for review does not support medical necessity. The request for an echocardiogram due to essential hypertension is not medically necessary or appropriate.

**Electrocardiogram due to essential hypertension:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation . Electrocardiogram due to essential hypertension

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse website [www.guideline.gov/content](http://www.guideline.gov/content).

**Decision rationale:** The Physician Reviewer's decision rationale: California MTUS/ACOEM and Official Disability Guidelines do not address the request. The National Guideline Clearinghouse states initial evaluation/history and laboratory tests, including complete blood count, urinalysis, renal and liver function should be used to evaluate hypertension. The guidelines also state early triage to determine level of care, emergency or inpatient, use of Framingham criteria tool, echocardiogram or re-evaluation of persistent or recurrent symptoms should also be used in diagnosis or evaluation of hypertension. The patient complained of pain to the low back. However, the clinical documentation submitted for review does not indicate that the patient had any comorbidities. Also, the patient had no complaints of chest pain, shortness of breath, and the patient's blood pressure was 134/78. The documentation submitted for review does not support medical necessity. The request for an electrocardiogram due to essential hypertension is not medically necessary or appropriate.