

Case Number:	CM13-0059547		
Date Assigned:	06/20/2014	Date of Injury:	08/30/2005
Decision Date:	07/24/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	12/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Emergency 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 expert 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 56-year-old male who was injured on August 30, 2005. The patient continued to experience chronic low back pain. Physical examination was notable for antalgic gait, weakness in the right lower extremity, and 5/5 motor function. Diagnoses included status post lumbar fracture with kyphoplasty, hepatitis C, and narcotic dependence. One of the screws from the spinal procedure became displaced and was abutting against the abdominal aorta. Treatment included medications. Request for authorization for cardiovascular plus unit was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR A CARDIO VASULAR PLUS UNIT (SCRIPT 10-1-2008): Upheld

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 Other Medical Treatment Guideline or Medical Evidence:UpToDate: Transthoracic echocardiography, normal cardiac anatomy and tomographic views.

Decision rationale: MTUS does not address this issue. This appears to be a portable device for echocardiography. Echocardiography is a diagnostic tool used to evaluate the structural integrity and function of the heart. In this case there is no documentation that the patient is suffering from heart disease or heart failure. The device is not medically necessary. The request should not be authorized.