

Case Number:	CM13-0061097		
Date Assigned:	12/30/2013	Date of Injury:	01/06/2005
Decision Date:	03/26/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/04/2013

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 Internal Medicine and is licensed to practice in California. 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:

This is a 66 year old male status post injury 1/6/05. The patient was seen on 12/13/13 reporting subjective complaints of moderate-to-severe constant pain in bilateral knees, rated 5-6/10, and increased pain with cold weather. The patient had an antalgic gait and tenderness in both knees. Diagnoses include old bucket handle of medial meniscus, thoracic sprain and strain, shoulder and upper arm injury, diabetes, and hypertension. Treatment has included medication which helps, and conservative treatment modalities. The patient was recommended knee arthroplasty surgery, his surgical clearance evaluation (11/5/13) was negative for chest discomfort, orthopnea, PND, DOE, palpitations, syncope or near syncope, claudication, TIA or stroke like symptoms, or symptoms attributable to valvular heart disease; however, the evaluation found an abnormal EKG suggestive of prior inferior myocardial infarction. Further cardiac evaluation was indication, and a 2-D/W CFD Echocardiogram was recommended. The disputed issue is for 2-D/W CFD Echocardiogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

A 2D/W CFD echocardiogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.cigna.com

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.bsecho.org/indications-for-echocardiography/>

Decision rationale: The records submitted shows that on the evaluation on 11/5/13, by history, the patient did not have chest discomfort, orthopnea, PND, DOE, palpitations, syncope or near syncope, claudication, TIA or stroke like symptoms, or symptoms attributable to valvular heart disease. Based on the physical exam, the patient had a myocardial perfusion test on 12/14/213 which showed a normal LV function with no evidence of the perfusion and contractility defect. Therefore based on the findings, the 2D echocardiogram is not necessary.