

Case Number:	CM13-0064035		
Date Assigned:	03/03/2014	Date of Injury:	07/23/2010
Decision Date:	05/09/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/11/2013

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 59 year old male with a date of injury on 7/23/2010. Patient has been treated for bilateral knee pain, and has had bilateral knee replacement. Diagnoses include hypertension, and sleep disorder. Patient presented for internal medicine consultation due to ongoing hypertension and sleep disturbance. Submitted documentation shows patient was diagnosed with hypertension in 2008, which has been treated with atenolol and hydrochlorothiazide. Documentation does not identify any new or worsening symptoms. There is no recorded history of coronary artery disease, or congestive heart failure, or valvular pathology. Review of systems denies chest pain, shortness of breath, palpitations, or syncope. Physical exam shows blood pressure of 140/100 and heart rate of 68 with occasion premature beats. There was bilateral leg varicosities and 1+ edema in the left leg. The remainder of the physical exam was unremarkable. Previous studies include a electrocardiogram that showed right bundle branch block, normal pulmonary function tests, echocardiogram in 2010 with left ventricular hypertrophy, and normal laboratory tests. The requesting testing is for a stress echo which is a treadmill test with a echocardiogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

TREADMILL TEST (OR STRESS TEST): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Eur J Echocardiogram (2008 July)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACCF/ASE/ACEP/AHA/ASNC/SCAI/SCCT/SCMR 2008 Appropriateness Criteria For Stress Echocardiography: A Report Of The American College Of Cardiology

Decision rationale: The Expert Reviewer's decision rationale: CA MTUS does not offer guidelines for utilization of echocardiograms. Alternate current guidelines suggest use of stress echocardiogram is not indicated for asymptomatic patients with low to moderate risk for coronary heart disease. This patient has a known history of hypertension and previous echocardiogram showing left ventricular hypertrophy but with normal ejection fraction. The submitted documentation does not indicate any new cardiac or pulmonary symptoms. Therefore, the medical necessity of performing a stress test with echocardiogram is not established.

ECHOCARDIOGRAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Eur J Echocardiogram (2008 July)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACCF/ASE/ACEP/AHA/ASNC/SCAI/SCCT/SCMR 2008 Appropriateness Criteria For Stress Echocardiography: A Report Of The American College Of Cardiology

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