

Case Number:	CM14-0002541		
Date Assigned:	03/03/2014	Date of Injury:	03/09/2009
Decision Date:	06/30/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/07/2014

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 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 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 an employee of [REDACTED] and has submitted a claim for shoulder, wrist, and knee pain associated with an industrial injury date of March 9, 2009. Treatment to date has included medications, physical therapy, chiropractic treatment, acupuncture, epidural injections, and Synvisc injections. Medical records from 2012 through 2013 were reviewed, which showed that the patient complained of shoulder, wrist, and knee pain. The patient also complained of heartburn. Past medical history revealed hypertension. On physical examination, the patient was obese. Chest and cardiovascular examination was unremarkable. The extremities revealed no edema, cyanosis, or clubbing with full and equal pulses bilaterally. On musculoskeletal examination, there was tenderness in the trapezius muscles. Impingement and apprehension signs were positive bilaterally. There was tenderness of the wrist with positive Tinel and Phalen signs. Grip strength was normal. There was also paravertebral lumbar muscle spasm with tenderness. Gait was normal. Utilization review from December 18, 2013 denied the request for stress echocardiogram because there was insufficient information to establish the medical necessity for the request; and venogram - venous Doppler to R/O DVT because there was no physical exam of the lower extremity documenting symptoms of DVT.

IMR ISSUES, DECISIONS AND RATIONALES

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

STRESS ECHOCARDIOGRAM: 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: Journal of the American College of Cardiology. March 3, 2008. <http://content.onlinejacc.org/cgi/content/full/j.jacc.2007.12.005>

Decision rationale: CA MTUS does not specifically address stress echocardiogram. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Journal of the American College of Cardiology was used instead. According the American College of Cardiology, criteria for stress echocardiography include detection of coronary artery disease (CAD) in symptomatic patients for evaluation of chest pain syndrome with uninterpretable ECG or inability to exercise or prior stress ECG test that is equivocal. In this case, a stress echocardiogram was recommended last November 13, 2012 due to history of chest pain that has not been evaluated. However, an ECG dated November 2012 revealed normal results. Furthermore, the most recent progress note failed to indicate persistence or recurrence of chest pain or other cardiovascular signs and symptoms. There is no clear indication for a stress echocardiography at this time. Therefore, the request for STRESS ECHOCARDIOGRAM is not medically necessary.

VENOGRAM- VENOUS DOPPLER TO RULE OUT DVT (DEEP VEIN THROMBOSIS): 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 Official Disability Guidelines (ODG) Knee and Leg Chapter, Venous Thrombosis

Decision rationale: CA MTUS does not specifically address venous Doppler. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that it is recommended to identify subjects who are at high risk of developing deep vein thrombosis (DVT) and that suspected DVT of the lower extremities are usually investigated with ultrasonography. Risk factors for DVT include immobility, surgery, and prothrombotic genetic variants. In this case, a venous Doppler of the lower extremity was recommended last November 13, 2012 for unclear reasons. Furthermore, the most recent progress report revealed no edema, cyanosis, or clubbing of the lower extremities with full and equal pulses bilaterally. Moreover, there was no discussion regarding the presence of risk factors for DVT. The medical records did not reflect findings of possible DVT at this time; therefore, the request for VENOGRAM- VENOUS DOPPLER TO RULE OUT DVT (DEEP VEIN THROMBOSIS) is not medically necessary.

