

<b>Case Number:</b>	CM14-0015576		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	01/21/2011
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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 Occupational 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:

This is a 63-year-old male with a date of injury. The patient was seen on 12/4/13 for hypertension, and was noted to be taking Losartan HCTZ, and Atenolol. The patient's blood pressure was noted to be 148/84. The patient had complaints of some intermittent upper abdominal pain, which had improved since the prior visit. Exam findings revealed mild right upper quadrant tenderness. A continuation of the patient's medications was recommended, in addition to an echocardiogram in order to assess hypertensive impairment rating in preparation for permanent and stationary evaluation at the next visit. The patient was seen on 1/20/14 for follow up of trigger point injection of the neck and back. Exam findings of the heart revealed a regular rate and rhythm with an S1 and S2 and no murmurs, gallops, or rubs were noted (a normal cardiac exam). The stomach was described as "OK." The treatment to date consisted of medication management. A UR decision dated 1/27/14 denied the request given there was no symptoms or documentation of cardiovascular deficit, or evidence that the patient had undergone an EKG.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ECHOCARDIOGRAM:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Braunwald's Heart Disease: A

textbooks of Cardiovascular Medicine 7th Ed., Page 261 and on the Non-MTUS AHA/ACC guidelines-Echocardiography.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Braunwald's Heart Disease: A textbooks of Cardiovascular Medicine 7th Ed., Page 261 and on the Non-MTUS AHA/ACC guidelines-Echocardiography.

**Decision rationale:** The California MTUS does not address this issue. Per the AHA, an echocardiogram can be used to evaluate suspected cardiac valvular dysfunction, and heart failure. The patient is not exhibiting any symptoms of shortness of breath, leg edema, no chest films revealing cardiomegaly or pulmonary edema, and an EKG was not available for review. In addition, the patient's cardiac exam is normal. The rationale for this test is thus unclear. Elevated blood pressure is not a sufficient reason for an echocardiogram, especially in an asymptomatic patient. In addition, the patient's blood pressure has been between 120's to 140's systolic and a diastolic range of 70's to 80's, which is not abnormal considering the patient is on 3 medications for elevated blood pressure and his medications must be titrated depending on his exercise and eating habits. Therefore, with regard to the request for an echocardiogram, medical necessity was not met.