

Case Number:	CM14-0158940		
Date Assigned:	10/02/2014	Date of Injury:	02/20/2000
Decision Date:	10/28/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/29/2014

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 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 65 year old female with a date of injury on 2/20/2000. Subjective findings note that there were no palpitations, no chest pain, no shortness of breath, and no dizziness. Physical exam shows blood pressure of 160/100 during 9/9/14 visit. Medications include Enalapril and Diltiazem. Submitted documentation does not include patient's previous cardiac history or previous imaging or lab studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

M-Mode & 2D Echo w/ Doppler: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Braunwald's Heart Disease: A Textbook of Cardiovascular Medicine, 7th ed., p. 261

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: ACC/AHA GUIDELINES, CLINICAL APPLICATION OF ECHOCARDIOGRAPHY

Decision rationale: Guidelines suggest the use of echocardiogram for symptoms suggestive of cardiac etiology. Besides evidence of hypertension the medical record does not identify clear

cardiac risks, cardiac symptoms, or offer rationale why this test is being ordered. Therefore, the medical necessity of an echocardiogram is not established at this time.

Electrocardiogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Braunwald's Heart Disease: A Textbook of Cardiovascular Medicine, 7th ed., p. 261

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: GUIDELINES.GOV, EKG

Decision rationale: Guidelines indicate EKG for chest pain of recent onset and assessment and diagnosis of recent onset discomfort of suspected cardiac origin, assessment of syncope, or evaluation of congestive heart failure. The medical record does not indicate the patient's cardiac history, there are no symptoms of chest pain, and there was a normal physical exam. Therefore, the medical necessity for an EKG is not established at this time.