

Case Number:	CM14-0022847		
Date Assigned:	08/08/2014	Date of Injury:	09/01/2010
Decision Date:	10/30/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/24/2014

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 a 61 year old male who was injured on 09/01/2010. The mechanism of injury is unknown. Prior medication history included Spiriva and Symbicort. Progress report dated 04/30/2013 states the patient presented with symptoms of hypertension, coronary artery disease, GERD, pulmonary disease and asthma. His blood pressure is reportedly elevated in the 158/90 range. On exam, his blood pressure is 166/101. His lungs are clear and cardiovascular revealed regular rate and rhythm. The patient has diagnosis of coronary artery calcification and is recommended for an echocardiogram to assess his left ventricular size and function and his of coronary artery disease. His blood pressure was elevated so he was given Tribenzor 40/10/25. Prior utilization review dated 01/29/2014 states the request for Echocardiogram is denied as medical necessity has not been established.

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: Decision based on MTUS ACOEM.

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: <http://circ.ahajournals.org/content/108/9/1146.full.pdf>

Decision rationale: The guidelines recommend echocardiogram to evaluate for structural heart disease, heart failure, valvular disease, or certain cardiorespiratory symptoms. The clinical documents did not clearly discuss the indication for echocardiogram. It is unclear what specific cardiorespiratory symptoms or physical exam findings require echocardiogram for further evaluation. Some of the clinical documents were handwritten and illegible. Although the patient does have a history of CAD this alone does not require routine echocardiogram for monitoring. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.