

<b>Case Number:</b>	CM14-0023471		
<b>Date Assigned:</b>	05/12/2014	<b>Date of Injury:</b>	07/06/2013
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 injured worker is a 40-year-old male with a reported date of injury on 07/06/2013. The mechanism of injury was not provided within the documentation available for review. The injured worker presented with complaints of left knee pain. Within the documentation dated 08/23/2013, the injured worker's blood pressure was 197/111. The clinical note from 12/19/2013 did not address the injured worker's hypertension. The clinical information provided for review indicates the injured worker received a physical; the results of which were not provided for review. The injured worker's diagnoses included a left calf sprain/strain, left knee pain, left knee sprain/strain and rule out left knee internal derangement as well as elevated blood pressure and hypertension. The injured worker's medication regimen included tramadol and omeprazole as well as combination topical analgesics. The Request for Authorization for an echocardiogram was submitted on 02/24/2014. The rationale for the request was not provided within the documentation available for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ECHO-CARDIOGRAM:** 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: American Society of Echocardiography. Guidelines & Standards. <http://asecho.org/clinical-information/guidelines-standards>.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS), 2009, American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, Second Edition (2004), and Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, do not address this clinical situation. An echocardiogram uses sound waves to produce images of the heart. The physician can use the images from an echocardiogram to define various abnormalities in the heart muscle and valves. The clinical documentation provided for review fails to address the therapies utilized to address the injured worker's high blood pressure and hypertension. The clinical documentation noted in 08/23/2013 reveals increased blood pressure. There is lack of documentation to evaluate the injured worker's blood pressure, medication and other evaluations that the physician utilized for the determination of hypertension. The rationale for the request was not provided within the documentation available for review. Therefore, the request for an echocardiogram is not medically necessary.