MAXIMUS Federal Services

Case Number:	CM14-0023896		
Date Assigned:	06/11/2014	Date of Injury:	05/31/2000
Decision Date:	07/15/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/25/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in California and Nevada. 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 67-year-old male who sustained an injury to his upper back in May of 2000. The mechanism of injury was not documented. The injured worker complained of dizziness and giddiness. The summary reported no angina or anginal equivalent; exercise capacity was reduced; normal heart rate response to exercise; normal blood pressure response to exercise; frequent PVCs were observed; and it was recommended that the injured worker repeat stress testing with nuclear myocardial perfusion imaging or exercise stress echocardiography.

IMR ISSUES, DECISIONS AND RATIONALES

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

STRESS TRANSTHORACIC 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 Pulmonary Chapter, Pulmonary function testing.

Decision rationale: The previous request was denied on the basis that the history and documentation do not objectively support the request for an exercise stress echocardiogram and there was no documentation as to why the study was ordered. Further evaluation does appear to be appropriate for the injured worker's dyspnea on exertion and shortness of breath with an

abnormal electrocardiogram during stress test; however, the medical necessity of this particular study had not been shown. After reviewing the submitted documentation, there was no additional significant objective clinical information provided that would support reversing the previous adverse determination. Given the clinical documentation submitted for review, medical necessity of the request for stress transthoracic echocardiogram has not been established. As such, the request is not medically necessary.