

Case Number:	CM14-0025141		
Date Assigned:	06/11/2014	Date of Injury:	10/09/2011
Decision Date:	07/15/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/27/2014

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 Physical Medicine & Rehabilitation and Pain Medicine and is licensed to practice in Texas. 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 51 year-old male who had a work related injury on 10/09/11. On the date of injury, the injured worker was trying to set up a TV antenna on the roof for approximately 1 hour; he got tired and then fell off the roof. As he landed he had injuries to both of his feet and ankles. The injured worker was taken to the hospital where he underwent surgery for both of his feet. Within the next week to 10 days he was very inactive, spent a considerable amount of time in bed and in a wheelchair and then he developed a pulmonary embolism 10 days after his work related injury. He was admitted for 2 weeks, he had a Greenfield filter placed, and he was on Coumadin for 6 months which he is no longer taking. The most recent document dated 02/27/14 noted the injured worker was still complaining of chest pain and shortness of breath. He denied any problems with activities of daily living. Past medical history is positive for a pulmonary embolism and bilateral foot surgery. The injured worker takes occasional pain medications. He is a non-smoker. Physical examination blood pressure #1-158/104, blood pressure #2 - 147/102, and pulse was 79. Chest examination was within normal limits. Heart exam is within normal limits. Abdominal exam is within normal limits. The request is for transthoracic echocardiography for the management of pulmonary embolism secondary to bilateral ankle injury as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSTHORACIC ECHOCARDIOGRAPHY FOR THE MANAGEMENT OF PULMONARY EMBOLISM SECONDARY TO BILATERAL ANKLE INJURY, AS OUTPATIENT: 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:2012 Current Diagnosis and Medical Treatment Pages 290-296.

Decision rationale: The request for transthoracic echocardiogram for the management of pulmonary embolism secondary to bilateral ankle injury, as outpatient is not medically necessary. The clinical documentation submitted for review does not support the request. Chest examination was within normal limits. Heart exam was within normal limits. Patient had no tachypnea. There is no documentation of a recent chest x-ray. As such, the request for Transthoracic Echocardiography for the management of pulmonary embolism secondary to bilateral ankles injury, as outpatient is not medically necessary and appropriate.