

Case Number:	CM14-0026155		
Date Assigned:	06/20/2014	Date of Injury:	12/19/2006
Decision Date:	08/12/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/28/2014

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, Pain Medicine and is licensed to practice in Florida. 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 56-year-old female who reported an injury on 12/19/2006. The mechanism of injury was not provided. On 12/10/2013, the injured worker presented with complaints of weight gain. Upon examination the injured worker is 5 feet 3 inches tall and has a BMI of 55.45 kg/(m²) and weighs 313 pounds. The diagnoses were joint pain in knees and ankles. Prior treatment included calorie counting, Fenfen, and nutritional classes. The provider recommended a dobutamine stress echo, DSE, and a consultation with a vascular surgeon pre-op for IVC filter placement. Because the injured worker is considering bariatric surgery. The Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

DOBUTAMINE STRESS ECHO (DSE): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Zipes: Braunwald's Heart Disease: A Textbook of Cardiovascular Medicine, 7th edition, page 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: Current Opinion in Cardiology: September 2011 - Volume 26 - Issue 5 - p 379-

384doi: 10.1097/HCO.0b013e328349035bImaging and echocardiography: Edited by Sherif F. Nagueh.

Decision rationale: The request for dobutamine stress echo, DSE, is not medically necessary. According to scientific based research state that stress echocardiography represents a well validated tool in the diagnoses and assessment of injured workers with known or suspected coronary artery disease. Recently, data has emerged supporting the prognostic capabilities of a stress echocardiography in injured workers with various levels of systolic dysfunction and diastolic abnormalities. The provider recommended dobutamine stress echo prior to bariatric surgery; however, surgery has not been recommended or approved to a cardiology, and the medical necessity of a DSE is not established. As such, the request is not medically necessary.

CONSULTATION WITH A VASCULAR SURGEON (PRE-OP IVC FILTER PLACEMENT): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://emedicine.medscape.com/artical/1377859-overview#a01>, PubMed US National Library of Medicine, National Institute of Health; Birkmeyer NJ, Share D., Baser O, Carlin AM, Finks JF, Pesta CM, Genaw JA, Birkmeyer JD, Michigan Bariatric Surgery Collaborative.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), updated guidelines, Chapter 6, page 163.

Decision rationale: The request for consultation with a vascular surgeon, preop IVC filter placement is not medically necessary. California MTUS/ACOEM Guidelines state that a consultation is intended to aid assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees can instantly return to work. The provider's rationale to support a consultation with a vascular surgeon was not provided. As such, the request is not medically necessary.