

Case Number:	CM14-0031287		
Date Assigned:	04/09/2014	Date of Injury:	06/07/2006
Decision Date:	06/30/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/03/2014

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 an employee of [REDACTED] and has submitted a claim for cervical radiculopathy, left shoulder impingement, obesity/hypoventilation syndrome, primary hypertension, and right cardiac failure associated with an industrial injury date of 06/07/2006. Treatment to date has included left shoulder arthroscopic decompression surgery on 04/27/2010, C5-C6 total disc arthroplasty and C6-C7 anterior cervical discectomy and fusion on 07/11/2011, physical therapy, chiropractic care, and weight loss program. Current medications include Cymbalta, clonazepam, Flexeril, Celebrex, Vicodin, trazodone, Prilosec, sumatriptan, Restoril, fluticasone-salmeterol diskus, ferrous gluconate, folic acid, Klor-con, Lasix, Lysteda, metformin, albuterol, Falmina, ferrous sulfate, and Nystatin. Utilization review from 01/16/2014 denied the request for dobutamine stress echocardiogram due to lack of physical examination that will support the need for this procedure. Medical records from 2013 were reviewed showing that patient complained of neck pain radiating to between shoulder blades associated with headache. She likewise reported of swallowing difficulty. Patient had poor exercise capacity with intolerance of walking more than approximately 50 yards. Physical examination showed that patient weighed 272 lbs, stood 5'8" tall; with body mass index of 41.35 kg/m². Blood pressure was 120/80 mmHg, and pulse rate of 109 beats per minute. Tenderness was present throughout the bilateral trapezius. Motor strength for bilateral upper extremities was graded 5/5. Patient had clear breath sounds, and +1 pedal edema. Cardiovascular examination showed distant heart sounds with regular rate and rhythm. There was end-systolic murmur Grade 2/6 at left sternal border with loud P2. Echocardiogram, dated 07/08/2013, revealed moderately increased ventricular wall thickness and right ventricle, asymmetric left ventricular hypertrophy, moderately reduced global right ventricular systolic function, and moderately elevated pulmonary artery pressure.

IMR ISSUES, DECISIONS AND RATIONALES

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

DOBUTAMINE STRESS ECHOCARDIOGRAM: Overturned

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 Journal of the American College of Cardiology Vol. 51, No. 11, 2008: Appropriateness Criteria for Stress Echocardiography.

Decision rationale: The CA MTUS and ODG do not specifically address this issue. According to Journal of the American College of Cardiology Vol. 51, No. 11, 2008 entitled: Appropriateness Criteria for Stress Echocardiography, this test has been used for detection and risk assessment of patients with ischemic heart disease. For patients unable to exercise, it is assumed that dobutamine is used for echocardiographic stress testing. This is likewise being used as a preoperative evaluation. In this case, a report dated 05/15/2013 documented that patient is recommended to undergo a vertical sleeve gastrectomy. Preoperative clearance is necessary requiring dobutamine stress test, electrocardiogram, chest X-ray, and other laboratories since the patient has comorbidities such as diabetes, asthma, obesity-hypoventilations syndrome (oxygen dependent), right heart failure and pulmonary hypertension (as documented by echocardiogram performed on 07/08/2013). Patient was reported to have poor exercise capacity evidenced by intolerance of walking more than 50 yards with a body mass index of 41 kg/m² making dobutamine stress echocardiogram the test of choice as recommended above. Therefore, the request for dobutamine stress echocardiogram is medically necessary.