MAXIMUS Federal Services

Case Number:	CM14-0051129		
Date Assigned:	07/07/2014	Date of Injury:	01/11/2013
Decision Date:	08/19/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/18/2014

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:

This is a 53-year-old female who sustained injury on 05/24/2010 while performing repetitive work duties of computer use causing pain in her shoulder blades. She has a diagnosis of prediabetes, and hypertension. Medications include amlodipine, lisinopril, Prilosec, Probiotics, Crestor, and AppTrim-D. A progress report dated 03/18/2014 indicates that the patient notes controlled blood pressure but no change in stabilized weight and acid reflux (diet controlled), stress reduction or seasonal allergy symptoms. Her complaints of abdominal pain rated 6-7/10 at this time. The average blood sugar was 105 mg/dl. Patient says she sleeps only 4 hours at night with 5 wake ups. Blood pressure was 115/76 mmHg, heart rate 81 bpm, blood glucose mg/dL, height 5' 5, and weight 191 lbs. Cardiovascular exam showed regular rate and rhythm, SI and S2. There are no rubs or gallops appreciated. She was diagnosed with abdominal pain, acid reflux secondary to NSAIDs use, diarrhea, weight gain, hypertension, diabetes mellitus, and sleep disorder. UR dated 03/28/2014 indicates the request for 2D echocardiogram with Doppler was denied because the medical file does not document that the claimant has known heart disease or other clinical indications for echocardiogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

2D echocardiogram with doppler: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.ncbi.nlm.nih.gov/books/NBK2215, Understanding the echocardiogram, Two-dimensional imaging.

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:http://www.cigna.com/healthwellness/hw/medical-tests/echocardiogram-hw212692 Connolly HM, Oh JK. Echocardiography. In: Bonow RO, Mann DL, Zipes DP, Libby P, eds. Braunwald's Heart Disease: A Textbook of Cardiovascular Medicine . 9th ed. Philadelphia, Pa: Saunders Elsevier;2011:chap 15.

Decision rationale: 2D echo-cardiogram is a two dimensional ultrasound of the heart. Indications for echo-cardiogram include the work up of chest pain, syncope, shortness of breath, arrhythmia, and heart failure. While the patient has a diagnosis of pre-diabetes and hypertension, there is nothing in the records to suggest cardiac disease. She is noted to deny chest pain or palpitations. Her heart exam was noted to be consistently normal without murmurs. Thus, the request for echo cardiogram is not deemed to be medically necessary.