

<b>Case Number:</b>	CM14-0056774		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	04/07/2011
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 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 a 58 year old male who was injured on 04/07/2011. The mechanism of injury is unknown. Prior treatment history has included psychotherapy. There are no diagnostic studies available for review. Neuro consult dated 09/16/2013 states the patient presented with complaints of headaches and dizziness with occasional lightheadedness and vertigo that occur once or twice per week. He is noted to have slight decrease in short term memory. On exam, his blood pressure was noted to be 154/104. His neck revealed restricted range of motion of the cervical spine. Extension and bilateral neck rotation were restricted to 50% of normal. There was tenderness to palpation of the cervical paraspinous muscles bilaterally with palpable spasm bilaterally. Motor exam revealed decreased grip strength and weakness of the flexors and extensors at the right wrist that was probably secondary to pain. Sensation was decreased in the mid right forearm. His finger to nose and rapid alternating movements were slowed with the right upper extremity secondary to pain and normal at the left upper extremity despite the injury to the left elbow. His rapid head turning and arising from a forward flexed position precipitated lightheadedness without concomitant nystagmus on examination or complaint of vertigo. The patient was recommended for ibuprofen 800 mg, hydrocodone/APAP 2.5/325 mg. Prior utilization review dated 04/09/2014 states the request for Echocardiogram is denied as there is no evidence to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Echocardiogram:** 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). The ACC/AHA guidelines for the use of echocardiography

**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.asecho.org/wordpress/wp-content/uploads/2013/05/Multimodality-CV-Imaging-of-Patient-w-Hypertrophic-Cardiomyopathy.pdf>

**Decision rationale:** The guidelines recommend echocardiogram to evaluate for structural heart disease, heart failure, valvular disease, or certain cardiorespiratory symptoms. The clinical documents did not clearly discuss the indication for echocardiogram. It is unclear what specific cardiorespiratory symptoms or physical exam findings require echocardiogram for further evaluation. Some of the clinical documents were handwritten and illegible. It does not appear that the patient has a significant cardiac history which requires echocardiogram follow up. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.