

Case Number:	CM14-0058870		
Date Assigned:	07/09/2014	Date of Injury:	02/17/2011
Decision Date:	09/12/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/29/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for shoulder pain, elbow pain, carpal tunnel syndrome, gastroesophageal reflux disease, and weight gain reportedly associated with an industrial injury of February 17, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and one prior echocardiogram of January 14, 2014, which was reportedly normal, per the claims administrator. In a Utilization Review Report dated April 3, 2014, the claims administrator denied a request for a [REDACTED] program for six months and concurrently denied an echocardiogram. The claims administrator invoked non-MTUS Cigna guidelines to deny the echocardiogram. The applicant's attorney subsequently appealed. In a March 24, 2014 progress note, the applicant reported persistent complaints of reflux, hypertension, palpitations, abdominal pain, and weight gain. The applicant reportedly gained 16 to 17 pounds due to inactivity and depression, it was suggested. The attending provider stated that the applicant had issues with sleep apnea but had never been given a CPAP device. The attending provider noted that a Holter monitor study of January 14, 2014 was notable only for rare PVCs and rare PACs which do not correlate with the applicant's complaints of palpitations. The applicant was 48 years old, it was stated. The applicant's height and weight were 5 feet 4 inches, 218 pounds, with a blood pressure of 128/92. Weight loss program/[REDACTED] membership, and a CPAP device were sought. The applicant was placed off of work, on total temporary disability, in a progress note dated February 4, 2014. The actual echocardiogram report of January 14, 2014 was interpreted as normal, notable for an ejection fraction of 68%.

IMR ISSUES, DECISIONS AND RATIONALES

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

██████████ FOR SIX MONTHS DETERMINATION DATE 04/03/2014:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, CHAPTER 6, CORNERSTONE TO DISABILITY PREVENTION AND MANAGEMENT.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 11.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 1, page 11, strategies based on modification of individual risk factors such as the weight loss program at issue, may be "less certain, more difficult, and possibly less cost effective." The ACOEM position on weight loss programs, thus, is tepid to unfavorable. The attending provider did not proffer any compelling applicant-specific rationale or medical evidence so as to offset the same. Therefore, the request is not medically necessary.

ECHOCARDIOGRAM DETERMINATION DATE 04/03/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [HTTP://WWW.CIGNA.COM/INDIVIDUALANDFAMILIES/HEALTH-AND-WELL-BEING/HW/MEDICALTESTS/ECHOCARDIOGRAM-HW212692.HTML](http://www.cigna.com/individualandfamilies/health-and-well-being/hw/medicaltests/echocardiogram-hw212692.html).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape, Echocardiography Article.

Decision rationale: The MTUS does not address the topic. While ██████████ notes that indications for echocardiography include structural imaging of the pericardium, imaging of suspected wall motion abnormalities and/or suspected ventricular hypertrophy, and/or imaging of suspected valvular abnormalities, in this case, however, it was not clearly stated what was suspected. It was not clearly stated what was sought. It was not clearly stated what had changed since the prior echocardiogram of January 2014, interpreted as demonstrating a normal ejection fraction of 68%. There was no evidence that the applicant had decompensated since that point in time. There was no evidence that the applicant developed issues such as shortness of breath, dyspnea, etc., which would have compelled the echocardiogram in question. Therefore, the request is not medically necessary.