

Case Number:	CM14-0077956		
Date Assigned:	07/25/2014	Date of Injury:	09/09/2010
Decision Date:	09/18/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/28/2014

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 Physical Med & Rehab 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 injured worker is a 35-year old right-handed male with a date of accident of September 9, 2010 in which he slipped and fell on the wet floor which had been mopped by another worker. He fell onto his right knee first and then on his left knee. His medical history includes two motor vehicle accidents, one in 2009 and other one in 2010, bilateral inguinal herniorrhaphy in 2981 and diagnosis of Type II diabetes mellitus in 2009. In a Permanent and Stationary Report dated November 30, 2013 it was indicated that the injured worker complained of cervical spine, thoracic spine and lumbar spine pain as well as pain in his right wrist, bilateral shoulders, right knee and right ankle pain. He also stated that his pain was aggravated by heavy lifting, repeated bending, stooping prolonged weight bearing and squatting. Examination of the cervical spine revealed slight tenderness over the posterior cervical musculature and slight decreased in the ranges of motion. Examination of the thoracic spine revealed tenderness over the paradorsal musculature and limited range of motion. Examination of the lumbar spine revealed tenderness over the spinous processes an over the paralumbar musculature, limited range of motion in all planes and slightly diminished sensation along the right and left dermatomal distribution. Examination of the bilateral shoulders revealed tenderness over the bilateral acromioclavicular joint regions and over the rotator cuff region. Range of motion of the bilateral shoulders was limited in all planes. Examination of the right wrist revealed tenderness over the volar aspect of the joint and limited range of motion in all planes. Examination of the right knee revealed tenderness with associated crepitus over the medial and lateral joint lines. McMurray's and Apley's Compression tests were positive. Examination of the right ankle revealed slight tenderness over the anteromedial aspect of the joint and decreased range of motion. It was indicated in the report that he was entitled to 37% whole person impairment as per AMA Guides 5th edition. It was also recommended that treatment and/or work conditioning programs be

considered in order to remedy functional capacity limitations. The report also indicated that injured worker was entitled to receive conservative and non-invasive medical care to relieve future symptom flare ups.

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
<http://www.guideline.gov/content.aspx?id=47647>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Medical Disability Advisor, Fifth Edition, Echocardiography, Reasons for Procedure page 722.

Decision rationale: The medical records received have limited information to support the necessity of an echocardiogram at this time. As per Medical Disability Advisor, echocardiography is useful in the diagnosis of many types of cardiac disorders including valvular disease, heart muscle disease (cardiomyopathy), and coronary artery disease. It also indicated that echocardiography is increasingly used with cardiac stress testing to evaluate individuals with chest pain. Furthermore, it stated that other uses of echocardiography include detection of masses inside the heart (tumors, blood clots), diagnosis of aortic disease (aortic aneurysm, aortic dissection), and detection of fluid around the heart (pericardial effusion as seen in pericarditis). There is nothing in the documents submitted that indicates that the injured worker is suffering from or is diagnosed with cardiovascular disease described by the Medical Disability Advisor as the reason for undergoing an echocardiogram. There is lack of documentation of any specific subjective and objective findings that would support the need for an echocardiogram such as complaints of chest pain and difficulty of breathing except for his elevated blood pressure indicated in the permanent and stationary report dated November 30, 2013. Therefore, it can be concluded that the requested echocardiogram is not medically necessary at this time.