

Case Number:	CM14-0091779		
Date Assigned:	09/12/2014	Date of Injury:	10/20/2006
Decision Date:	12/03/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/17/2014

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 New York. 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 review indicates the claimant is a 57 yo male who sustained an industrial injury 10/20/2006. The mechanism of injury was he was on a ladder checking a light and was electrocuted . His diagnoses include low back, bilateral shoulder pain, left wrist and left hand pain. He also has medical diagnoses of hypertension, constipation, GERD, sleep apnea and fibromyalgia. He still complains of low back and bilateral shoulder pain. On physical exam there is tenderness over the cervical, thoracic, and lumbosacral spine with decreased range of motion. Treatment has included medical therapy with opiates. The treating provider has requested a 2D Echocardiogram with Doppler.

IMR ISSUES, DECISIONS AND RATIONALES

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

2D Echocardiogram with Doppler (Ultrasound of the Heart): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Page(s): 123. Decision based on Non-MTUS Citation Harrison's Principles of Internal Medicine, 18th Edition, 2011

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA Guidelines for Cardiac Imaging 2012

Decision rationale: There is no documentation provided indicating the need for the requested transthoracic echocardiogram. Per the presented documentation there is no documented change in his cardiac history. He is maintained on his medical regimen and there has been no documented evidence of accelerated blood pressure, history of arrhythmia or evidence of congestive heart failure on exam. Medical necessity for the requested service has not been established. The requested 2D Echocardiogram with Doppler (Ultrasound of the Heart) is not medically necessary.