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| Case Number: | CM14-0098301 | | |
| Date Assigned: | 09/16/2014 | Date of Injury: | 12/18/2007 |
| Decision Date: | 10/24/2014 | UR Denial Date: | 05/31/2014 |
| Priority: | Standard | Application Received: | 06/26/2014 |

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 Medicine & Rehabilitation 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 61-year-old male who reported an injury on 12/18/2007. The injured worker was reportedly involved in a shooting while working as a security guard. The current diagnoses include status post gunshot wound to the left cheek, left sided facial myalgia, cervical spine MLSS, lumbar spine MLSS, bilateral knee sprain, post-traumatic headache, GERD, diabetes mellitus, hypertension, hyperlipidemia, sleep disorder, peripheral neuropathy, severe left great toe onychomycosis, psychological diagnosis, diabetic retinopathy, and status post H pylori treatment. Previous conservative treatment is noted to include medication management and physical therapy. The latest physician progress report submitted for this review is documented on 06/18/2014. The injured worker reported an improvement in blood pressure and blood sugar levels with the current medication regimen. The injured worker denied chest pain and shortness of breath. Vital signs obtained in the office on that date included a blood pressure of 148/78, a heart rate of 62, a blood glucose of 207, and a height and weight of 5'9 and 215 lbs. Physical examination revealed clear lung signs to auscultation, regular heart rate and rhythm, 1+ bilateral lower extremity pitting edema, and toenail growth with discharge and discoloration. Treatment recommendations at that time included cardiorespiratory testing, Lexiscan, and kidney ultrasound. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lexiscan: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: U.S. National Library of Medicine. U.S. Department of Health and Human Services National Institutes of Health. Stress Echocardiography

Decision rationale: According to the US National Library of Medicine, a Stress Echocardiography is a test that uses ultrasound imaging to indicate how well the heart muscles are working to pump blood into the body. It is mainly used to detect a decrease in blood flow to the heart. This test may be ordered if a patient has new symptoms of angina or chest pain, worsening angina, a recent heart attack, prior to surgery or an exercise program, or if there is a high risk of heart disease or heart valve problems. A nuclear stress test is a nuclear imaging method that shows how well blood flows into the heart muscle during rest and activity. The injured worker does not meet any of the above-mentioned criteria. There was no documentation of an irregular heart rate or rhythm. The injured worker denied chest pain and shortness of breath. The medical necessity has not been established. Therefore, the request is not medically appropriate.