

Case Number:	CM14-0099716		
Date Assigned:	07/28/2014	Date of Injury:	09/01/2012
Decision Date:	08/29/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/30/2014

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 and Rehabilitation and is licensed to practice in Illinois. 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 34-year-old female who reported injury on 09/01/2012. The mechanism of injury was repetitive motion. The documentation indicated the injured worker underwent an EMG/NCV and an MRI of the right shoulder. Prior treatments included chiropractic care, NSAIDs, physical therapy, and a right wrist injection. The documentation indicated the injured worker had undergone spinal surgery in 2013. The documentation of 05/09/2014 revealed the injured worker was in the office for a preoperative medical evaluation for an impending arthroscopic superior labral repair surgery. The injured worker's medication was noted to be using Ibuprofen. The review of systems revealed the injured worker had no history of chest pains or palpitations and no history of congestive heart failure. The physical examination revealed the injured worker's blood pressure was 128/86 and pulse was 76. The injured worker's weight was 158 pounds. The injured worker's body mass index would be between 29.9 and 30, a body mass index of 30 is considered to be obese type 1. The treatment plan included a 12 lead EKG which revealed normal sinus rhythm with no evidence of ischemia and no S or T wave abnormalities. The physician opined based on the injured worker's history of being sedentary due to chronic pain and having an elevated BMI, a 2-D echocardiogram in the resting phase was performed. The 2D echocardiogram preliminary report demonstrated preserved ejection fraction and no evidence of gross wall motion abnormalities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective 2-D Echocardiogram performed on 05-09-14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin: Color-Flow Doppler Echocardiography in Adults, Number: 008.

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.mayoclinic.org/tests-procedures/echocardiogram/basics/why-its-done/prc-20013918>.

Decision rationale: Per the MayoClinic.org, an echocardiogram is performed if the physician suspects a problem with the valves or chambers of the heart or the heart's ability to pump the blood. The clinical documentation submitted for review indicated the injured worker's EKG was within normal sinus rhythm with no evidence of ischemia and no ST or T wave abnormalities. Additionally, it indicated the injured worker's blood pressure was 128/86 and the injured worker's weight put her in the 29.9 to 30 BMI category, 30 is considered obese. There was lack of documentation indicating exceptional factors to support the necessity for an echocardiogram. The injured worker's physical examination revealed there was no history of congestive heart failure or chest pains or palpitations. Given the above, the request for a retrospective 2D echocardiogram performed on 05/09/2014 was not medically necessary.