

<b>Case Number:</b>	CM13-0010966		
<b>Date Assigned:</b>	10/01/2013	<b>Date of Injury:</b>	04/01/2001
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	07/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2013

### 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, has a subspecialty in Internal Medicine and is licensed to practice in Georgia. 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 29-year-old female who reported injury on 04/01/2001. The mechanism of injury was due to carrying a heavy tray of food and feeling pain in the left hand and wrist. The injured worker has a diagnosis of chronic pain syndrome. Past medical treatments consist of hospitalization and medication therapy. On 11/11/2012 the injured worker underwent an echocardiogram. Physician's interpretation revealed that there was global normal left ventricle systolic function. Spectral Doppler showed normal pattern of LV diastolic filling. Normal diastolic left ventricle function was noted. Left ventricle ejection fraction was 64% by midplane. Progress note dated 12/06/2012, injured worker was seen for a follow-up appointment. Progress note stated that the injured worker required an inpatient stay from 11/11/2012 through 11/16/2012. It was confirmed that the injured worker suffered from a pulmonary embolus of the left lower lung. She was discharged with Coumadin and her medications included IV ketamine via PICC line. It was also documented that the injured worker had prior echocardiograms that were normal visibility. The medical treatment plan was for retrospective echocardiogram with contrast performed on 11/11/2012. Rationale and Request for Authorization Form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for 1 echocardiogram with contrast performed on 11/11/12:**  
Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1767617/> Title Contrast Echocardiography

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.mayoclinic.org/tests-procedures/echocardiogram/multimedia/echocardiogram/img-20007334>

**Decision rationale:** The request for retrospective request for 1 echocardiogram with contrast performed on 11/11/2012 was medically necessary. The California MTUS/ACOEM and Official Disability Guidelines do not address echocardiograms, other guidelines were cited. According Mayo Clinic, an echocardiogram checks 1's heart's chambers and values pumping blood pressure through 1's heart. An echocardiogram uses electrodes to check one's heart rhythm and ultrasound technology to see how blood moves through one's heart. An echocardiogram can help the doctor diagnose heart conditions. Progress note dated 12/06/2012 indicated that the injured worker was hospitalized due to pulmonary embolus in the left lower lung. According to the echocardiogram report dated 11/11/2012 a complete echocardiogram with contrast injection was used for assessment of the left ventricle function and assessment of the regional wall motion abnormalities. The procedure was indicated for pulmonary embolism. Given the above, the medical necessity of the echocardiogram with contrast performed on 11/11/2012 has been established. As such, the request for retrospective echocardiogram with contrast was medically necessary.