

Case Number:	CM14-0173167		
Date Assigned:	10/24/2014	Date of Injury:	04/24/2008
Decision Date:	01/26/2015	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/20/2014

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 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:

This patient sustained an injury on 4/24/08. The request under consideration is an Echocardiogram. The diagnoses include left subtalar arthritis status post arthroscopy; history of left foot osteomyelitis status post I&D; and left equinus deformity. There is past medical history of obesity, hypertension, GERD, depression/anxiety/insomnia, new onset of diabetes mellitus, and gout. Conservative care has included medications, therapy, braces, psychotherapy, pain interventions, and modified activities/rest. AME report dated 7/1/14 noted future management for foot injury with medications, foot/ankle specialist for footwear and evaluations for possible surgical intervention. Report dated 9/8/14 from pain management provider noted the patient had internal medicine complaints of hypertension, diabetes, GERD and gout. There are symptoms of polyuria and polydipsia. Exam showed blood pressure of 108/68 mmHg, patient in wheelchair, foot without erythema/warmth with left foot tenderness, scarring and contracture. Treatment included medications and multiple specialist evaluations and echocardiogram for MMI report. It was noted the patient refused to take medications for diabetes that would require insulin. The request for Echocardiogram was non-certified on 10/6/14 citing guidelines criteria and lack of medical necessity.

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 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: 2013 Appropriate Utilization of Cardiovascular Imaging, A Methodology for the Development of Joint Criteria for the Appropriate Utilization of Cardiovascular Imaging by the American College of Cardiology Foundation and American College of Radiology (J Am Coll Cardiol. 2013;61(21):2199-2206. doi:10.1016/j.jacc.2013.02.010). National Clearinghouse Practice Guidelines: 2013 ACCF/AHA guideline for the management of heart failure. A report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines. PubMed: For Perioperative transesophageal echocardiography. An updated report by the American Society of Anesthesiologists and the Society of Cardiovascular Anesthesiologists Task Force on Transesophageal Echocardiography.

Decision rationale: MTUS Guidelines are silent on the diagnostic criteria for Echocardiogram in heart diseases; however, per the American College of Cardiology and Heart Association, certain heart disorders may indicate further assessment with use of this heart ultrasound. They include coronary arterial disease, heart arrhythmia, heart failure, valvular disease, cardiomyopathy, pericarditis, Marfan's syndrome, and other vascular disorders; however, none have been identified here. Submitted reports have not demonstrated any cardiovascular symptoms, clinical findings, diagnoses, or comorbid risk factors with planned surgical procedure that would require a pre-operative workup with an echocardiogram. Additionally, there are no abnormal chest x-rays or EKG findings to indicate any cardiac issues. Without clear indication to support for this non-maintenance diagnostic study, medical necessity has not been established. The Echocardiogram is not medically necessary or appropriate.