

Case Number:	CM14-0182963		
Date Assigned:	11/07/2014	Date of Injury:	08/03/2012
Decision Date:	05/01/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/03/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

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 45-year-old male who reported an injury on 08/03/2012. The mechanism of injury was not specifically stated; however, it was noted that the injured worker suffered fractures of the right proximal tibia and lateral tibial plateau. The injured worker was status post ORIF on 08/04/2012. The current diagnoses include lumbar spine disc protrusion, bilateral hip sprain/strain, right knee status post ORIF, right ankle sprain/strain, hypertension, stress, anxiety, and depression. The injured worker presented on 08/27/2014 for a follow-up evaluation. It was noted that the injured worker was being treated for hypertension through his primary medical doctor. The injured worker reported 6/10 knee and/ankle pain as well as 3/10 low back and bilateral hip pain. The injured worker had a pacemaker located on the left side of the chest wall. It was also noted that the injured worker utilized an ambulation assistive device. There was limited range of motion of the lumbar spine with a positive Kemp's test upon examination. Recommendations at that time included a 2 dimensional echo, a pain management consultation, an internal medicine consultation, continuation of the current medication regimen, a general orthopedic consultation, a psychological consultation, and chiropractic treatment twice per week for 4 weeks. A request for authorization form was then submitted on 08/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

2D Echocardiogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA Practice Guidelines for the clinical application of Echocardiography.

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.

Decision rationale: According to the U.S. National Library of Medicine, an echocardiogram is used to evaluate the valves and chambers of the heart and can help detect abnormal heart valves or rhythms, congenital heart disease, damage to the heart muscle, heart murmurs, inflammation, infection, pulmonary hypertension, and the ability of the heart to pump or the source of a blood clot after a stroke or TIA. In this case, the physician indicated that the injured worker was being treated for hypertension by the primary medical doctor. It is unclear why the injured worker's occupational medicine physician is requesting 2D echocardiogram. The medical rationale was not provided within the physician progress report. There was no mention of any prior studies the injured worker underwent, nor results of previous studies. Further clarification is needed as to the injured worker's prior cardiac history and current condition. The medical necessity has not been established in this case. Therefore, the request is not medically necessary.