

Case Number:	CM14-0196072		
Date Assigned:	12/04/2014	Date of Injury:	08/02/2013
Decision Date:	02/11/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/24/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 46 year old man who sustained a work-related injury on April 5 2014. Subsequently, the patient developed a chronic . According to a progress report dated on October 10 2104, the patient was complaining of chronic pain. The note was illegible The patient physical examination note was illegible, there is some range of motion limitation. The provider requested authorization for 2 D echo.

IMR ISSUES, DECISIONS AND RATIONALES

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

2D echo: 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 Echocardiography. <http://emedicine.medscape.com/article/1820912-overview>.

Decision rationale: According to Medscape guidelines, echocardiography is indicated in case of cardiomyopathy and other cardiac conditions. There is no documentation of any cardiac issues in the patient file and the need for echocardiogram is unclear. Therefore, the request for Echocardiogram is not medically necessary.

