

Case Number:	CM14-0209253		
Date Assigned:	12/22/2014	Date of Injury:	03/03/2005
Decision Date:	02/19/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/15/2014

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 64 year old who was injured at work on 03/03/2005. The 08/19/2014 office note reported the injured worker had no new complaints, feels good, BP controlled with meds. The physical examination revealed Blood pressure 124/ 80, Neck negative, lungs clear, extremities negative. The worker has been diagnosed of Hypertension, Essential; Pericardial disease; and Viral Pneumonia. Treatments have included Ramipril, hydralazine, Aspirin, and Metoprolol. At dispute are the requests M-Mode and 2D Echo w/Doppler; and Rhythm electrocardiogram (ECG).

IMR ISSUES, DECISIONS AND RATIONALES

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

M-Mode and 2D Echo w/Doppler: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Zipes: Braunwald's Heart Disease: A textbook of Cardiovascular Medicine, 7th Ed. Page 261 The ACC/AHA guidelines for use of echocardiography

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21-24.

Decision rationale: The injured worker sustained a work related injury on 03/03/2005. The medical records provided indicate the diagnosis of Hypertension, Essential; Pericardial disease; and Viral Pneumonia. Treatments have included Ramipril, hydralazine, Aspirin, and Metoprolol. The medical records provided for review do not indicate a medical necessity for M-Mode and 2D Echo w/Doppler. The records reviewed do not contain enough information explaining how the listed diagnoses are as a result of the injured workers job rather than non-occupational disease. The MTUS recommends that the evaluation of a work related medical problem should include a focused medical history, work history, and physical examination. The focused occupational history includes: date and time of onset; nature of onset; mechanism (including detailed description of accident circumstances, force and load). Such information is necessary in determining work-relatedness, and how to manage the condition. Since the records provided for review lack this information, there is no possibility of relating the listed diagnoses to the injured worker's job. This is especially so, because the listed diagnoses are conditions usually not considered as work related medical conditions. Therefore, the requested test is therefore not medically necessary and appropriate.

Rhythm electrocardiogram (ECG): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation emedicine medscape com article 1891014-overview last updated 10/03/2013 The electrocardiogram (ECG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21-24.

Decision rationale: The injured worker sustained a work related injury on 03/03/2005. The medical records provided indicate the diagnosis of Hypertension, Essential; Pericardial disease; and Viral Pneumonia. Treatments have included Ramipril, hydralazine, Aspirin, and Metoprolol. The medical records provided for review do not indicate a medical necessity for Rhythm electrocardiogram (ECG). The records reviewed do not contain enough information explaining how the listed diagnoses are as a result of the injured workers job rather than non-occupational disease. The MTUS recommends that the evaluation of a work related medical problem should include a focused medical history, work history, and physical examination. The focused occupational history includes: date and time of onset; nature of onset; mechanism (including detailed description of accident circumstances, force and load). Such information is necessary in determining work-relatedness, and how to manage the condition. Since the records provided for review lack this information, there is no possibility of relating the listed diagnoses to the injured worker's job. This is especially so, because the listed diagnoses are conditions usually not considered as work related medical conditions. Therefore, the requested test is therefore not medically necessary and appropriate.

