

Case Number:	CM15-0002738		
Date Assigned:	01/13/2015	Date of Injury:	01/27/2005
Decision Date:	04/10/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/06/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 56-year-old male, who sustained an industrial injury on January 27, 2005. The diagnoses have included diabetes, hypertension both triggered by work related injury, abdominal pain, acid reflux and constipation. Treatment to date has included Magnetic resonance imaging (MRI) of cervical spine on February 14, 2014 which revealed multilevel disc desiccation present, electrodiagnostic study revealed severe bilateral median neuropathy at the wrist, sever ulnar neuropathy, left ulnar neuropathy moderate severity, probable severe axonal polyneuropathy diabetic type. Currently, the IW complains of elevated blood sugar, under a great deal of stress as a result of his industrial injury with concomitant pain. On December 18, 2014 Utilization Review non-certified a 2D Echocardiography, noting <http://www.ncbi.nlm.nih.gov/books/NBK2215/> was cited. On December 11, 2014, the injured worker submitted an application for IMR for review of 2D Echocardiography.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 D Echocardiography: Upheld

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/books/NBK2215/>.

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> | 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.