

<b>Case Number:</b>	CM15-0102445		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	09/30/2003
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2015

### 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: Texas, New York, California  
 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 applicant is a represented 62-year-old California Highway Patrol (CHP) employee who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of September 30, 2003. In a Utilization Review report dated May 5, 2015, the claims administrator failed to approve requests for a 2D Doppler echocardiogram and a rhythm EKG. The claims administrator referenced a progress note of February 20, 2015 and an associated RFA form of April 27, 2015 in its determination. The applicant's attorney subsequently appealed. On April 15, 2015, the applicant reported ongoing complaints of neck and low back pain. Twelve sessions of acupuncture, Norflex, and Norco were endorsed. The applicant's permanent work restrictions were renewed, although it did not appear that the applicant was working with said limitations in place. In a RFA form dated April 27, 2015, a 2D Doppler echocardiogram, conventional EKG, and rhythm EKG were endorsed. In an associated progress note of February 20, 2015, the applicant was given a diagnosis of benign essential hypertension. The applicant's blood pressure was 140/90. Echocardiogram and EKG testing were endorsed to "rule out" left ventricular dysfunction. The applicant, however, had "no new complaints". The applicant's blood pressure was well controlled at home, the treating provider reported, ranging from 110/70 to 120/80. Triamterene and ramipril were endorsed, along with dietary and exercise changes. There was no mention of the applicant having any cardiac or pulmonary symptoms on this date.

### 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 with doppler:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints

Page(s): 208. Decision based on Non-MTUS Citation

<http://emedicine.medscape.com/article/1820912-overview#a3Echocardiography> Author: Ishak A Mansi, MD, FACP; Chief Editor: Richard A Lange, MD, MBA Indications The ACC, the AHA, and the American Society of Echocardiography (ASE) have published detailed practice guidelines for the clinical application of echocardiography.[5] More recently, these and other bodies have collaborated to establish appropriate use criteria for echocardiography.[6] Briefly, indications of echocardiography may be divided into structural imaging and hemodynamic imaging. Indications for structural imaging include the following: Structural imaging of the pericardium (e.g., to exclude pericardial effusion) Structural imaging of the left or right ventricle and their cavities (e.g., to evaluate ventricular hypertrophy, dilatation, or wall motion abnormality; to visualize thrombi) Structural imaging of the valves (e.g., mitral stenosis, aortic stenosis, mitral valve prolapse; see the first image below) Structural imaging of the great vessels (e.g., aortic dissection) Structural imaging of atria and septa between cardiac chambers (e.g., congenital heart disease, traumatic heart disease; see the second image below).

**Decision rationale:** No, the request for a 2D Doppler echocardiogram was not medically necessary, medically appropriate, or indicated here. While the MTUS does not specifically address the topic of echocardiography, the MTUS Guideline in ACOEM Chapter 9, page 208 does note that electrocardiography and cardiac enzyme studies can be employed to clarify apparent referred cardiac pain in applicants with unexplained shoulder symptoms. ACOEM qualifies this position, however, by noting that such testing's should be employed to confirm clinical impression rather than performing the same in a shotgun manner, as screening test. Here, however, the attending provider did in fact seemingly suggest that the applicant obtain such testing as a screening test. The applicant did not have any cardiac symptoms of chest pain, shortness of breath, or the like present on or around the date of the request, February 20, 2015. While Medscape does acknowledge that indications for echocardiography include structural imaging of the pericardium, structural imaging of the ventricles, structural imaging of the valves, structural imaging of the great vessels, etc., here, however, it was not clearly stated or clearly established for what purpose the 2D echocardiogram was proposed. The attending provider did not clearly state why he suspected ventricular pathology. The applicant was, as noted previously, entirely asymptomatic from a cardiac and/or pulmonary perspective. Therefore, the request is not medically necessary.

**Rhythm ECG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

**Decision rationale:** Similarly, the request for a "rhythm EKG" was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 9, page 208 does acknowledge that EKG and/or possible cardiac enzyme studies can be employed to clarify apparent referred cardiac pain in applicants with unexplained shoulder symptoms, here, however, it did not appear that the applicant had bona fide complaints of chest pain, shortness of breath, dyspnea on exertion, shoulder pain, etc., on or around the date of the request, February 20 2015. The applicant did not appear to have any cardiac complaints or referred shoulder pain complaints evident on or around the date of the request. Rather, it appeared that the attending provider was performing the EKG in question in a 'shotgun' manner, without any clearly formed intention of acting on the results of the same. Clear rationale for the EKG was not set forth in either of the handwritten February 20, 2015 progress note or associated April 27, 2015 RFA form. Therefore, the request is not medically necessary.