

<b>Case Number:</b>	CM15-0104161		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	02/27/2012
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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 40-year-old who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of February 27, 2012. In a Utilization Review report dated May 13, 2015, the claims administrator failed to approve requests for EKG testing, a stress echocardiogram, ICG testing, and a 2D echocardiogram. The claims administrator referenced a progress note of April 2, 2015 and associated RFA form of the same date in its determination. The applicant's attorney subsequently appealed. On said April 2, 2015 progress note, the applicant was given diagnoses of hypertension, dyslipidemia, gastroesophageal reflux disease, constipation secondary to opioids, abdominal pain, and obstructive sleep apnea. Ancillary issues with erectile dysfunction and psychiatric issues had been treated elsewhere, it was reported. The applicant had undergone an earlier right shoulder surgery on October 18, 2013, it was reported. The applicant's complete medication list was not detailed. Earlier 2D echocardiography of October 10, 2014 demonstrated left atrial enlargement, it was acknowledged. The applicant's medication list included hydrochlorothiazide, Zestril, TriCor, Colace, and Vicodin, it was reported. A cardiac-friendly diet was endorsed. The attending provider acknowledged that the applicant explicitly denied chest pain. The attending provider ordered EKG testing, ICG testing, 2D echocardiogram, and stress echocardiogram, without any supporting rationale or narrative commentary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EKG:** 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:** No, the request for EKG testing is not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 9, page 208 does acknowledge that electrocardiography and possible cardiac enzyme studies may be needed to clarify apparent referred cardiac pain, here, however, the applicant explicitly denied issues with chest pain on the date of the request, April 2, 2015. It was not clearly established why EKG testing was seemingly being sought in this asymptomatic applicant. Therefore, the request is not medically necessary.

**ICG:** 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 Medical-Surgical Nursing: Assessment and Management of Clinical Problems, By Sharon L. Lewis, Shannon Ruff Dirksen, Margaret M. Heitkemper, Linda Bucher, page 1610.

**Decision rationale:** Similarly, the request for ICG testing is likewise not medically necessary, medically appropriate, or indicated here. The attending provider's documentation did not make it clear precisely what was being sought. It appears that the request represents a request for impedance cardiography (ICG). The MTUS does not address the topic. While the textbook Medical-Surgical Nursing notes on page 1610 that major indications for ICG include early signs and symptoms of pulmonary or cardiac dysfunction, differentiation of cardiac or pulmonary cause of shortness of breath, evaluation of the etiology and management of hypotension, monitoring after discontinuing a PA catheter or justification for insertion of a PA catheter, evaluation of drug therapy, and diagnosis of rejection after cardiac transplantation, here, however, there was no mention of the applicant's having any such symptoms present on or around the date of the request, April 2, 2015. The applicant was entirely asymptomatic on that date. The applicant denied any issues with chest pain or shortness of breath on that date. ICG testing was not, thus, indicated in the face of the applicant's lack of any cardiac symptomatology. Therefore, the request is not medically necessary.

**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 [http://www.bsecho.org/indications-for-echocardiography/Indications For Echocardiography, Home Education Protocols Indications for Echocardiography, 14 Hypertension, 14.2 Not indicated a. Routine assessment b. Repeat assessment of LV function in asymptomatic patients c. Repeat assessment for LV mass regression](http://www.bsecho.org/indications-for-echocardiography/Indications%20For%20Echocardiography,%20Home%20Education%20Protocols%20Indications%20for%20Echocardiography,%2014%20Hypertension,%2014.2%20Not%20indicated%20a.%20Routine%20assessment%20b.%20Repeat%20assessment%20of%20LV%20function%20in%20asymptomatic%20patients%20c.%20Repeat%20assessment%20for%20LV%20mass%20regression).

**Decision rationale:** Similarly, the request for ICG testing is likewise not medically necessary, medically appropriate, or indicated here. The attending provider's documentation did not make it clear precisely what was being sought. It appears that the request represents a request for impedance cardiography (ICG). The MTUS does not address the topic. While the textbook Medical-Surgical Nursing notes on page 1610 that major indications for ICG include early signs and symptoms of pulmonary or cardiac dysfunction, differentiation of cardiac or pulmonary cause of shortness of breath, evaluation of the etiology and management of hypotension, monitoring after discontinuing a PA catheter or justification for insertion of a PA catheter, evaluation of drug therapy, and diagnosis of rejection after cardiac transplantation, here, however, there was no mention of the applicant's having any such symptoms present on or around the date of the request, April 2, 2015. The applicant was entirely asymptomatic on that date. The applicant denied any issues with chest pain or shortness of breath on that date. ICG testing was not, thus, indicated in the face of the applicant's lack of any cardiac symptomatology. Therefore, the request is not medically necessary.

**Stress 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 [http://www.uptodate.com/contents/overview-of-stress-echocardiography?source=search\\_result&search=stress+echocardiography+indications+imaging+techniques+and+safety&selectedTitle=1~150](http://www.uptodate.com/contents/overview-of-stress-echocardiography?source=search_result&search=stress+echocardiography+indications+imaging+techniques+and+safety&selectedTitle=1~150).

**Decision rationale:** Finally, the request for a stress echocardiography is likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. While the comprehensive literature survey conducted by Uptodate.com notes that indications for stress echocardiography include the evaluation of applicants with known or suspected coronary artery disease, evaluation of dyspnea, evaluation of pulmonary hypertension, evaluation of aortic stenosis, assessment of myocardial viability, etc., here, however, it was not clearly stated for what issue, diagnosis, purpose, or symptom the stress echocardiograph at issue was endorsed. There was no mention of the applicant's having any active cardiac symptoms such as chest pain and/or shortness of breath on or around the date of the request, April 2, 2015. Rather, it appeared that the attending provider was ordering the stress echocardiogram along with numerous other cardiac function tests for routine assessment or routine evaluation purposes, without any clearly

formed intention of acting on the results of the same. It did not appear that the applicant had issues with shortness of breath, chest pain, or coronary artery disease evident on or around the date in question. Therefore, the request is not medically necessary.