

<b>Case Number:</b>	CM15-0015149		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	12/01/2013
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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: California, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 69 year old male, who sustained an industrial injury on 12/01/2013, resulting in pain to the right shoulder and left wrist. The diagnoses have included elevated cholesterol, acid reflux, and unspecified essential hypertension. Treatment to date has included conservative measures. Currently, the injured worker complains of elevated blood pressure readings with no prior history of hypertension. The PR2 note, dated 10/30/2014, noted blood pressure 181/86 on 9/08/2014, 168/78 on 10/03/2014, and 187/91 on 10/30/2014. Unspecified dietary modifications were documented. Medication was documented as not attempted. On 1/08/2015, Utilization Review non-certified a request for a 2D Doppler echocardiogram, citing Non- MTUS Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2D echo with Doppler:** Overturned

**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/pubmed/2948915>- Chapter 4 Understanding the Echocardiogram: <http://www.ncbi.nlm.nih.gov/nbk2215>- Two-dimensional imaging: <http://www.ncbi.nlm.nih.gov/pubmed/19357029>.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 27.

**Decision rationale:** The California MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when, a plan or course of care may benefit from additional expertise. I respectfully disagree with the UR physician's assertion, the medical necessity of the 2D Echo has been sufficiently established by the documentation available for my review. There is a persistent pattern of elevated blood pressure, which affects potential therapies such as NSAIDs and steroid injections for impingement, which have been performed. There is a risk of CHF exacerbation with further steroid injections, and this risk can only properly be evaluated with an echocardiogram. The request is medically necessary.