

Case Number:	CM15-0135134		
Date Assigned:	07/23/2015	Date of Injury:	09/27/2014
Decision Date:	08/21/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/13/2015

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
 Certification(s)/Specialty: Internal 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 59-year-old male who sustained an industrial injury on 9/27/2014 resulting in neck, upper and lower back, and knee pain. He was diagnosed with cervical, thoracic, and lumbar musculoligamentous sprain or strain with radiculitis. Additionally, according to the 6/10/15 nurses notes, he has a diagnosis of acute pericarditis. Treatment has included physical therapy, injections, chiropractic therapy that he reports as helping improve activities of daily living, and medication. The injured worker continues to report pain and tenderness to multi levels of his spine and right knee, and difficulties sleeping and managing blood sugar. The treating physician's plan of care includes an echocardiogram. He did not note any history of pericarditis but wanted this study because of HBP and DM. Current work status is not provided in documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Echocardiogram: 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/835479>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up to date topic 5322 and volume 10.0.

Decision rationale: Echocardiography is a common tool in cardiology to assess cardiac function and anatomy. Its primary use is to determine left ventricular size and systolic function. It is also utilized to assess left ventricular mass and wall motion. It is also instrumental in obtaining information on the morphology and anatomy of the cardiac valves. Our patient has HBP and DM. HBP could cause cardiac hypertrophy, which could denote the early stages of cardiac decompensation in our patient. DM could cause asymptomatic cardiac ischemic events, which might be noted by wall motion abnormalities and decreased systolic function. Any of the above-mentioned abnormalities could require a change in the medical regimen. In conclusion, echocardiography could be very helpful in managing out patient's medical issues. Therefore, the request is medically necessary.