

Case Number:	CM15-0138553		
Date Assigned:	07/28/2015	Date of Injury:	03/02/1998
Decision Date:	08/27/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/17/2015

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: Physical Medicine & Rehabilitation, 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:

This 37 year old woman sustained an industrial injury on 3/2/1998. The mechanism of injury is not detailed. Diagnoses include chronic brachial asthma, obstructive sleep apnea, obesity, diabetes mellitus, and pedal edema. Treatment has included oral medications. Physician notes dated 6/18/2015 show complaints of puffiness of hands and feet and weight gain. Recommendations include continue respiratory medications and treatments, avoid allergens, continue episodic use of Prednisone, continue CPAP therapy, medical weight loss program, and 2D echocardiogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

2D echo-cardiogram: 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 Uptodate Online, Echocardiography.

Decision rationale: Regarding the request for echocardiography, the CA MTUS, ACOEM, and ODG do not address this issue. An online evidence-based database is cited which specify the following: "Transthoracic echocardiography (TTE) is the primary noninvasive imaging modality for quantitative and qualitative evaluation of cardiac anatomy and function [1,2]. Two-dimensional (2D) echocardiography provides tomographic or "thin slice" imaging. Comprehensive echocardiographic examination typically involves imaging the heart from multiple "viewing" orientations." Given that this worker has edema it is appropriate to refer this patient to a cardiology consultation. One of the issues that must be determined is whether this edema is industrially related or not. The cardiology consultant can then order the appropriate cardiac testing. Therefore, this request is not medically necessary.