

Case Number:	CM15-0149832		
Date Assigned:	08/13/2015	Date of Injury:	10/02/2006
Decision Date:	09/10/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	08/03/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This injured worker is a 59 year old male who reported an industrial injury on 10-2-2006. His diagnoses, and or impression, were noted to include: hypertension; sleep apnea; and asthma. No current imaging studies were noted. His treatments were noted to include: the wearing of a continuous positive airway pressure (CPAP) device for sleep; medication management; and return to full work duties. The progress notes of 6-29-2015 were hand written and partly illegible, but noted to report: stable blood pressure with no side-effects of medications; no chest (illegible); the use of Albuterol; and that he was not wearing CPAP. Objective findings were noted to include: blood pressure of 130 over 77, normal sinus rhythm of heart rate; weight of 250; lungs that were clear to auscultation; extremities with 2+ edema; and a soft abdomen. The physician's requests for treatments were noted to include an echocardiogram to rule-out congestive heart failure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Echcardiogram: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation The Merck Manual for Health Care Professionals; Cardiovascular Disorders, Cardiovascular Tests and Procedures.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Echocardiography.
<http://emedicine.medscape.com/article/1820912-overview>.

Decision rationale: According to Medscape guidelines, echocardiography is indicated in case of cardiomyopathy and other cardiac conditions. There is no clinical evidence from the patient's chart that he has an active coronary artery disease or arrhythmia. Therefore, the request for Echocardiogram is not medically necessary.