

<b>Case Number:</b>	CM15-0161135		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	05/15/2014
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 31 year old female, who sustained an industrial injury on May 15, 2014. She reported pain within her neck, left shoulder and left elbow due to cumulative trauma. Diagnoses included chronic pain, sleep disturbance, myofascitis, cervical radiculopathy, shoulder impingement and ligament laxity. Treatment to date has included extracorporeal shockwave treatment, diagnostic studies, chiropractic treatment and medication. On June 11, 2015, the injured worker complained of neck, left shoulder and lower back pain. The treatment plan included an MRI of the neck, left shoulder and lower back, medications and a follow-up visit. A request was made for an echocardiogram.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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 up-to date, echocardiogram.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The up-to date guidelines states that echocardiogram is indicated in the evaluation of valvular heart disease, heart function, pericarditis and intramural thrombus. The patient does not have any of these conditions or potential conditions and therefore the request is not medically necessary.