

Case Number:	CM15-0169780		
Date Assigned:	09/10/2015	Date of Injury:	02/27/2012
Decision Date:	10/14/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/28/2015

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: Georgia, California, Texas
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 41 year old male who sustained an industrial injury on 2-27-12. Elevated blood pressure following the injury was determined by AME to be related to the industrial injury. Initial 2-D echocardiogram was reportedly normal other than physiologic mitral and tricuspid regurgitation. Repeat 2-D ECHO on 10/07/14 revealed normal level ventricular systolic function. Estimated ejection fraction was normal at 62%. Left atrial enlargement was noted. There was trivial mitral and tricuspid regurgitation. Progress report dated 7-6-15 reports epigastric pain and intermittent constipation, blood pressure is controlled and sleep quality is improving. He denies chest pain, shortness of breath and lower leg edema. Diagnoses includes: abdominal pain, constipation, gastroesophageal reflux, hyperlipidemia, hypertension, obstructive sleep apnea and status post H pylori treatment. Plan of care includes: body mass index performed, ordered H pylori test, continue medications. Work status: permanent and stationary. Follow up in 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Body Mass Index (BMI) Test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty, BMI.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation Fitch A, Everling L, Fox C, Goldberg J, Heim C, Johnson K, Kaufman T, Kennedy E, Kestenbaum C, Lano M, Leslie D, Newell T, O'Connor P, Slusarek B, Spaniol A, Stovitz S, Webb B. Prevention and management of obesity for adults. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2013 May.

Decision rationale: BMI is calculated using the individual's height and weight measurements. MTUS notes that elevated body mass index may be associated with increased risk for musculoskeletal disorders, but is otherwise silent concerning BMI measurement. ODG does not provide specific recommendations concerning assessment of body mass index. Institute for Clinical Systems Improvement (ICSI) recommendations state: "Clinicians should calculate BMI for their patients on an annual basis for screening, and as needed for management. Classify BMI based on the National Institute of Health categories (see Table below). Educate patients about their BMI and associated risks for them (Strong Recommendation, High Quality Evidence)." Periodic measurements of height and weight/calculation of BMI is reasonable and medically necessary. However, claimant's weight appears to have been relatively stable per office notes, and no rationale is provided which would support calculation of BMI as a service separate from the evaluation and management service. Medical necessity is not established for this request.

2D Echo: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Website: www.ncbi.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2014 AHA/ACC guideline for the management of patients with valvular heart disease: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines. Nishimura RA, Otto CM, Bonow RO, Carabello BA, Erwin JP, Guyton RA, O'Gara PT, Ruiz CE, Skubas NJ, Sorajja P, Sundt TM, Thomas JD, American College of Cardiology/American Heart Association Task Force on Practice Guidelines. 2014 AHA/ACC guideline for the management of patients with valvular heart disease: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines. J Am Coll Cardiol. 2014 Jun 10; 63(22): e57-185.

Decision rationale: The injured worker has a history of hypertension. The most recent 2-D echocardiogram was approximately one year ago, and revealed atrial enlargement with normal ventricular function. Previous studies indicated that mitral and tricuspid regurgitation noted were not clinically significant. Due to claimant's medical condition and the age/results of the most recent 2-D echocardiogram, performance of a repeat study for follow-up is reasonable and medically necessary

Stress Echo: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Website: www.ncbi.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2014 AHA/ACC guideline for the management of patients with valvular heart disease: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines. Nishimura RA, Otto CM, Bonow RO, Carabello BA, Erwin JP, Guyton RA, O'Gara PT, Ruiz CE, Skubas NJ, Sorajja P, Sundt TM, Thomas JD, American College of Cardiology/American Heart Association Task Force on Practice Guidelines. 2014 AHA/ACC guideline for the management of patients with valvular heart disease: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines. J Am Coll Cardiol. 2014 Jun 10; 63(22): e57-185.

Decision rationale: 2014 AHA/ACC guideline for the management of patients with valvular heart disease: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines recommends stress echocardiography for selected patients with aortic stenosis or chronic secondary mitral regurgitation. In this case, no evidence of ventricular dysfunction is documented which would suggest secondary mitral regurgitation, and per previous 2-D ECHO reports the injured worker's mitral and tricuspid regurgitation is trivial. No evidence of aortic stenosis is documented. No current cardiac symptoms are documented. There is insufficient documented rationale to support the medical necessity of the requested study.