

Case Number:	CM15-0189248		
Date Assigned:	10/01/2015	Date of Injury:	11/01/2011
Decision Date:	11/09/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/25/2015

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: Arizona, California

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 45 year old female, who sustained an industrial injury on 11-01-2011. The injured worker is being treated for osteomyelitis of the jaw secondary to MRSA (methicillin resistant staphylococcus aureus), reactive thrombocytosis, hypertension, hyperlipidemia, psychiatric diagnoses, sleep disorder, acid reflux, and shortness of breath. Treatment to date has included diagnostics, psychotherapy and medications. Per the Primary Treating Physician's Progress Report, dated 8-06-2015 the injured worker reported unchanged sleeping difficulty and worsening weakness and malaise. She notes unchanged palpitations, unchanged jawbone pain, unchanged vision and unchanged headaches. She notes unchanged constipation and denies diarrhea. Objective findings included a regular heart rate and rhythm, S1 and S2; there are no murmurs, rubs or gallops appreciated. There was no clubbing, cyanosis or edema. Work status was permanent partial disability. The plan of care included diagnostic testing and medications. Authorization was requested for an electrocardiogram (EKG), ICG, stress echocardiogram, cardio-respiratory testing and a 2D echocardiogram. On 8-31-2015, Utilization Review non-certified the request for 2D echocardiogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

2D echocardiogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up To Date.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Circulation. 1997; 95: 1686-1744, DOI: 10.1161/01.CIR.95.6.1686, Guidelines for 2-D Echo - AHA.

Decision rationale: According to the referenced literature: Two-dimensional Doppler echocardiography is useful in. Demonstrating chamber size. Evaluating RV and LV function. Defining the presence, site, and relative magnitude of intracardiac and/or systemic-to- pulmonary artery shunts. Defining the presence, magnitude, and site of LV and RV outflow tract and valvular obstruction. Evaluating valvar regurgitation. Estimating pulmonary artery pressure. Defining the relation of veins, atria, ventricles, and arteries. Visualizing coarctation of the aorta and estimated degree of obstruction. Using contrast echocardiography and color Doppler to define the presence, site, and relative magnitude of intracardiac or vascular shunts. Demonstrating intracardiac and/or central vascular mural thrombi as well as coronary fistulas. Assessment of atrioventricular valve anatomy and function. In this case, the claimant was also to receive an EKG and a stress echo. The exam findings did not suggest structural heart disease and there was no recent heart disease, surgery or planned surgery. The claimant had weakness and malaise likely due to sleep difficulties. Cardiorespiratory function testing was unremarkable. Numerous diagnostics were ordered, but the 2-D echo is not indicated at this time. The request is not medically necessary.