MAXIMUS Federal Services

Case Number:	CM15-0194281		
Date Assigned:	10/08/2015	Date of Injury:	07/06/2012
Decision Date:	11/20/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/02/2015

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

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 47 year old male, who sustained an industrial injury on 7-6-12. The injured worker was diagnosed as having hypertension; left ventricular hypertrophy (LVH); diabetes mellitus; sleep apnea. Treatment to date has included continuous positive airway pressure (CPAP); medications. Currently, the PR-2 notes dated 9-15-15 are hand written and difficult to decipher. The notes appear to indicate the injured worker is currently on Edarbi - states BP has been stable; not had chest pain; states has difficulty getting supplies for old machine - not working well. His blood pressure is notes as 134 over 83 with NSR and weight at 305 pounds. His lung sounds on this date were clear to auscultation. He has a diagnosis of hypertension; left ventricular hypertrophy (LVH); diabetes mellitus; sleep apnea. The provider's treatment plan is for a CPAP machine and supplies for a non-functioning old CPAP and an Echocardiogram to assess his LVH. A PR-2 note dated 8-19-15 is also hand written and appears to indicate "the patient wears CPAP nightly. Been doing well -- currently on Edarbi without side-effects-BP stable." Blood pressure on this date is documented as 119 over 79 with a NSR. A Request for Authorization is dated 10-2-15. A Utilization Review letter is dated 9-24-15 and non-certification for Echocardiogram, per 9-15-15 order and a Continuous Positive Airway Pressure per 9-15-15. A request for authorization has been received for Echocardiogram, per 9-15-15 order and a Continuous Positive Airway Pressure per 9-15-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Echocardiogram, per 9/15/15 order qty 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.nebi.nln.nih.gov, Echocardiographic diagnostic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA Guidelines for the Clinical Application of Echocardiography, for systemic hypertension (circ.ahajournals.org/content/95/6/1686.full).

Decision rationale: The patient was injured on 07/06/12 and presents with hypertension, left ventricular hypertrophy (LVH), diabetes mellitus, and sleep apnea. The request is for echocardiogram, per 9/15/15 order qty 1.00. There is no RFA provided and the patient's current work status is not provided. The utilization review denial letter states that the patient had a prior echocardiogram (date of exam not provided). There are only two treatment reports provided which are both illegible. MTUS/ACOEM did not discuss echocardiogram. Other guidelines were used. In the journal Circulation.1997; 95: 1686-1744, the ACC/AHA Guidelines for the Clinical Application of Echocardiography, for systemic hypertension (circ.ahajournals.org/content/95/6/1686.full) states: "Echocardiography is the noninvasive procedure of choice in evaluating the cardiac effects of systemic hypertension." M-mode and two-dimensional echocardiographic estimates of LV mass are more sensitive and specific than either the ECG or chest radiograph in diagnosing LV hypertrophy or concentric remodeling."The patient is diagnosed with hypertension; left ventricular hypertrophy (LVH); diabetes mellitus; sleep apnea. Treatment to date includes continuous positive airway pressure (CPAP); medications. The reason for the request is not provided. Given that the patient has hypertension and a left ventricular hypertrophy (LVH), the echocardiogram to evaluate the patient's cardiac condition appears reasonable. However, the utilization review letter states that the patient already had an echocardiogram in the recent past. The treater does not discuss this and does not explain why another echocardiogram is needed. The request is not medically necessary.

Continuous Positive Airway Pressure per 9/15/15 order qty 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov, Continuous positive airway pressure.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary (Acute
& Chronic) Chapter, under Noninvasive positive pressure ventilation.

Decision rationale: The patient was injured on 07/06/12 and presents with hypertension, left ventricular hypertrophy (LVH), diabetes mellitus, and sleep apnea. The request is for continuous positive airway pressure per 9/15/15 order qty 1.00. There is no RFA provided and the patient's current work status is not provided. There are only two treatment reports provided which are

both illegible. ODG-TWC Guidelines, Pulmonary (Acute & Chronic) Chapter, under Noninvasive positive pressure ventilation (NPPV) Section states, "Recommend as indicated. Of value in resting the respiratory muscles in patients with COPD and ventilatory failure and may be useful as an adjunct in patients with severe COPD as part of a pulmonary rehabilitation program. (Ries, 2007) Of value in acute exacerbations of COPD but not recommended in the stable patient, with or without CO2 retention. In these patients, there is no effect on dyspnea, exercise tolerance, arterial blood gases, respiratory muscle strength, or quality of life." The patient is diagnosed with hypertension; left ventricular hypertrophy (LVH); diabetes mellitus; sleep apnea. Treatment to date includes continuous positive airway pressure (CPAP); medications. The reason for the request is not provided. In this case, the patient has used the CPAP prior to this request; however, there is no discussion regarding the patient's sleep and ventilation status. The treater does not discuss the request, why it is needed, and what the patient's sleep status is. The request is not medically necessary.