

Case Number:	CM15-0202643		
Date Assigned:	10/21/2015	Date of Injury:	01/28/2014
Decision Date:	12/03/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/15/2015

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: Internal 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 40 year old male, who sustained an industrial injury on 01-28-2014. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for a right knee injury, low back injury, and high blood pressure and difficulty sleeping due to severe pain. Medical records (to 09-16-2015) indicate ongoing low back pain, right knee pain, numbness and tingling in the feet and hands and around the mouth, elevated blood pressures, headaches, difficulty sleeping, dyspnea with exertion, chest pains, palpitations, anxiety and depression. Pain levels were not rated in severity on a visual analog scale (VAS). Per the treating physician's progress report (PR), the IW has returned to work with restrictions. The physical exam, dated 09-16-2015, revealed an elevated blood pressure of 146/87 and a heart rate of 75bpm, but no cardiovascular or respiratory abnormalities. Relevant treatments have included: physical therapy (PT), injections, acupuncture, chiropractic treatments, work restrictions, and medications. A sleep study (04-2015) was available for review and showed snoring, but no evidence of sleep apnea. The request for authorization (09-16-2015) shows that the following test was requested: 2 denominational echocardiography. The original utilization review (09-23-2015) non-certified the request for 2 denominational echocardiography.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 denominational echocardiography: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/1729817>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up to date topic 5322 and version10.0.

Decision rationale: Echocardiography is a very common tool in cardiology. Its primary use is to determine LV chamber size and systolic function. It is also utilized to assess left ventricular mass and wall motion. Echo is also very beneficial in the study of the anatomy and function of the cardiac valves. The above patient has problems with blood pressure control which could increase the left ventricular mass. He also has dyspnea and chest pain which could be signs of cardiomyopathy with secondary decrease in systolic function. The echo test could be helpful in establishing the etiology of symptoms and the need for further testing or treatment. It is medically necessary for this patient to undergo echo testing of his heart and the UR decision is overturned.