

Case Number:	CM15-0214855		
Date Assigned:	11/04/2015	Date of Injury:	04/18/1995
Decision Date:	12/23/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	11/02/2015

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, Hawaii

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 67-year-old female, with a reported date of injury of 04-18-1995. The diagnoses include high blood pressure, GERD (gastroesophageal reflux disease), sleep apnea and headaches. The progress report dated 09-01-2015 is handwritten. The subjective findings are somewhat illegible. The objective findings include a blood pressure reading of 127 over 77; normal sinus rhythm, and clear lungs. The injured worker's work status was not indicated. The progress report dated 06-30-2015 is handwritten. The subjective findings include vertigo. The objective findings include a blood pressure reading of 108 over 73; normal sinus rhythm; and clear lungs. The injured worker's work status was not indicated. The diagnostic studies to date have not been included in the medical records provided. Treatments and evaluation to date have included Cozaar. The request for authorization was dated 09-01-2015. The treating physician requested an echocardiogram. On 10-13-2015, Utilization Review (UR) non-certified the request for an echocardiogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Echocardiogram: 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), Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Preoperative electrocardiogram (ECG).

Decision rationale: The patient presents with vertigo. The current request is for echocardiogram. The treating physician states, in a report dated 09/01/15, Echocardiogram for assessment of left ventricular hypertrophy (26B) The MTUS guidelines are silent on the issue of echocardiograms. ODG guidelines state, Recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing lowrisk surgery do not require electrocardiography. In this case, the treating physician, based on the records available for review, fails to demonstrate that the patient is undergoing any kind of surgery, and guidelines do not support an ECG for ventricular hypertrophy. There is no mention, in the notes provided, of a cardiac history or chronic hypertension. Medical necessity for an ECS has not been established, therefore is not medically necessary.