

Case Number:	CM15-0225153		
Date Assigned:	11/23/2015	Date of Injury:	06/21/2011
Decision Date:	12/31/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/17/2015

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, Indiana, New York
 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 38 year old male who sustained an industrial injury on 06-21-2011. A review of the medical records indicated that the injured worker is undergoing treatment for cardio-myopathy and coronary artery disease. The injured worker is status post myocardial infarction and percutaneous transluminal coronary angioplasty (PTCA) of the left anterior descending and left circumflex arteries. No specific date was documented, however a cardiology follow-up dated 04-09-2013 noted the injured worker was status post the PTCA at that date. According to the treating physician's progress report on 10-07-2015, the injured worker was re-evaluated for his cardiac status and denied chest pain, shortness of breath and edema and currently compliant with medication regimen. The injured worker reported increased fatigue lately. Physical examination demonstrated no carotid bruits, good breath sounds bilaterally without rubs, wheezing or crackles and without the use of accessory muscles. Auscultation of the heart revealed regular rate and rhythm with normal S1 and S2 sounds present. No murmurs, rubs or clicks were heard. All pulses were intact. Abdomen was negative. Blood pressure was documented at 146 systolic over 94 diastolic, pulse at 65 beats per minute, height at 61 inches, weight at 188 pounds and body mass index of 36. The injured worker uses an elliptical several times a week without cardiac exertional symptoms. The latest echocardiogram (no date documented) interpreted within the progress note dated 04-02-2015 documented an ejection fraction (EF) of 35% down from 55% from a prior test (no date documented). The injured worker was not compliant with medication regimen, blood pressure was out of control and the injured worker continued to smoke during this time. Prior treatments have included diagnostic

testing, surgery and medications. Current medications were listed as Simvastatin, Aspirin, Amlodipine, Lisinopril, Furosemide, Carvedilol and Potassium ER tablets. Treatment plan consists of continuing current treatment; obtain laboratory blood work, record daily blood pressures and the current requests for follow-up visit with cardiologist, echocardiogram and electrocardiogram (EKG). On 10-28-2015, the Utilization Review determined the request for follow-up visit with cardiologist, echocardiogram and Electrocardiogram (EKG) were not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up visit with cardiologist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004 Page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Office visits.

Decision rationale: Pursuant to the Official Disability Guidelines, follow-up visit with cardiologist is not medically necessary. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines as opiates or certain antibiotics require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. Determination of necessity for an office visit requires individual case review and reassessment being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. In this case, the injured worker's working diagnoses are status post myocardial infarction, cardio-myopathy, other diseases; and status post PTCA. Date of injury is June 21, 2011. Request for authorization is October 9, 2015. According to an October 7, 2015 progress note, the injured worker status post myocardial infarction with cardio-myopathy and status post PTCA. Subjectively, the worker complains of the key. He denies chest pain and shortness of breath or swelling. Physical examination is unremarkable. According to the documentation, the utilization reviewer contacted the office manager at the treating provider's office and was told submitted authorizations for the office visit, echocardiogram and EKG were already approved and completed. The present requests are duplicates and not clinically indicated. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, follow-up visit with cardiologist is not medically necessary.

Echocardiogram: Upheld

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/147758>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [http://www.hopkinsmedicine.org/healthlibrary/test_procedures/cardiovascular/echocardiogram_9_2, P07969/](http://www.hopkinsmedicine.org/healthlibrary/test_procedures/cardiovascular/echocardiogram_9_2_P07969/).

Decision rationale: Pursuant to Johns Hopkins Medicine - Health Library, echocardiogram is not medically necessary. An echocardiogram is a non-invasive (the skin is not pierced) procedure used to assess the heart's function and structures. During the procedure, a transducer (like a microphone) sends out ultrasonic sound waves at a frequency too high to be heard. When the transducer is placed on the chest at certain locations and angles, the ultrasonic sound waves move through the skin and other body tissues to the heart tissues, where the waves bounce or "echo" off of the heart structures. This Doppler technique is used to measure and assess the flow of blood through the heart's chambers and valves. The amount of blood pumped out with each beat is an indication of the heart's functioning. Also, Doppler can detect abnormal blood flow within the heart, which can indicate a problem with one or more of the heart's four valves, or with the heart's walls. In this case, the injured worker's working diagnoses are status post myocardial infarction, cardio-myopathy, other diseases; and status post PTCA. Date of injury is June 21, 2011. Request for authorization is October 9, 2015. According to an October 7, 2015 progress note, the injured worker status post myocardial infarction with cardio-myopathy and status post PTCA. Subjectively, the worker complains of the knee. He denies chest pain and shortness of breath or swelling. Physical examination is unremarkable. According to the documentation, the utilization reviewer contacted the office manager at the treating provider's office and was told submitted authorizations for the office visit, echocardiogram and EKG were already approved and completed. The present requests are duplicates and not clinically indicated. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, echocardiogram is not medically necessary.

Electrocardiogram: Upheld

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/16326219>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.aafp.org/afp/2000/0201/p884.html>.

Decision rationale: Pursuant to the American College of cardiology and American Heart Association, Electrocardiogram is not medically necessary. The American College of Cardiology (ACC) and the American Heart Association (AHA), in collaboration with the North American Society for Pacing and Electrophysiology, have developed guidelines for the use of ambulatory electrocardiography (ECG). The guidelines include recommendations for the evaluation of symptoms of cardiac arrhythmias; for risk assessment in patients who have sustained a myocardial infarction, have congestive heart failure (CHF) or have hypertrophic cardio-myopathy; for the evaluation of antiarrhythmic therapy, or pacemaker or implantable cardio-verter-defibrillator function; and for the evaluation of possible myocardial ischemia. In this

case, the injured worker's working diagnoses are status post myocardial infarction, cardio-myopathy, other diseases; and status post PTCA. Date of injury is June 21, 2011. Request for authorization is October 9, 2015. According to an October 7, 2015 progress note, the injured worker status post myocardial infarction with cardio-myopathy and status post PTCA. Subjectively, the worker complains of the key. He denies chest pain and shortness of breath or swelling. Physical examination is unremarkable. According to the documentation, the utilization reviewer contacted the office manager at the treating provider's office and was told submitted authorizations for the office visit, echocardiogram and EKG were already approved and completed. The present requests are duplicates and not clinically indicated. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Electrocardiogram is not medically necessary.