

<b>Case Number:</b>	CM15-0038462		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	10/21/2007
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 46-year-old female, who sustained an industrial injury on 10/21/2007. The diagnoses have included cervical and lumbar sprain/strain and status post total knee replacement. Noted treatments to date have included medications. No MRI report noted in received medical records. In a progress note dated 01/20/2015, the injured worker presented with complaints of continued neck and low back pain. The treating physician reported grossly obese injured worker with difficult ambulation. Utilization Review determination on 01/28/2015 non-certified the request for Echocardiogram. No Guidelines cited in Utilization Review report.

### 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 cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Echocardiography Writing Group, Technical Panel, Appropriate Use Criteria Task Force.

ACCF/ASE/AHA/ASNC/HFSA/HRS/SCAI/SCCM/SCCT/SCMR 2011 Appropriate use criteria for echocardiography. J Am Coll Cardiol 2011; 57(9): 1126-1166.

**Decision rationale:** The MTUS Guidelines are silent on this issue. The 2011 Appropriate Use Criteria for Echocardiography guidelines were assembled by the American College of Cardiology Foundation, the American Society of Echocardiography, and eight other key specialty and sub-specialty societies. The 2011 Guideline recommendations were extensive. The most common indications for this type of testing include symptoms or findings that suggest a problem with the heart, prior testing showed findings that were concerning for heart disease, symptoms or findings that suggest a problem with a heart valve(s), and a concern for heart failure. The literature does not support routinely monitoring those with high blood pressure with this study. The submitted and reviewed documentation indicated the worker was experiencing neck and lower back pain. These records concluded the worker suffered from obesity, blood vessel problems in the legs, and new diabetes, among other issues. There was no discussion suggesting the worker had any symptoms or findings suspicious for a heart problem or any of the other above criteria or detailing describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for an echocardiogram is not medically necessary.