

Case Number:	CM15-0042095		
Date Assigned:	03/12/2015	Date of Injury:	04/23/2013
Decision Date:	04/22/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/05/2015

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 56 year old female who sustained an industrial injury on 4/23/13. The injured worker reported symptoms in the right extremity. The injured worker was diagnosed as having hypertension, gastroesophageal reflux disease, rule out vascular heart disease with tachycardia, right ring finger trigger figure status post release on 11/18/14. Treatments to date have included cortisone injection, nonsteroidal anti-inflammatory drugs, oral pain medication, activity modification and ice application. Currently, the injured worker complains of reflux symptoms. The plan of care was for proton pump inhibitor and an echocardiogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Echocardiogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for clinical systems improvement.

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: 1997; 95: 1686-1744 Official disability guidelines, low back chapter: preoperative electrocardiogram (ECG).

Decision rationale: According to the 02/16/2015 hand written report, this patient presents with 'increased BP' blood pressure assessment was 126/88 mmHg. The current request is for 1 Echocardiogram to "rule out valvular DZ." The request for authorization is not included in the file for review. The patient's work status is "return to full duty on 12/08/2014." The Utilization Review denial letter states "This does not appear to be medically needed. The only evidence of heart abnormality is a subjective complaint of hypertension and GERD. The most recent objective blood pressure assessment was 126/88 mmHg. There was no clear objective evidence that supports either heart failure congestion or poor perfusion/low cardiac output per the referenced guidelines."The 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 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 echocardiogram is more sensitive and more specific then the ECG. ODG-TWC guidelines does have preoperative references for ECG. ODG guidelines, lumbar chapter for preoperative electrocardiogram (ECG) states Preoperative ECG is recommended for patients with known CHD, peripheral arterial disease, or cerebrovascular disease. The guideline also states: Patients undergoing low-risk surgery do not require electrocardiography.In this case, the treating physician has requested an echocardiogram "rule out valvular DZ." The treating physician states the patient's blood pressure is increased but no other cardiac disease was mentioned. In this case, the treating does not discuss specifically why an echocardiogram is medically necessary and no patient's risk assessment was provided for review. Furthermore, ODG does support EKGs for patients undergoing high-risk surgery and there is no indication that this patient is pending surgery. The requested Echocardiogram IS NOT medically necessary.