

Case Number:	CM15-0045798		
Date Assigned:	03/18/2015	Date of Injury:	02/03/2006
Decision Date:	05/19/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/11/2015

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, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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 44-year-old female, who sustained a work/ industrial injury on 2/3/06. The injured worker was diagnosed as having atypical chest pain, questionable costochondritis or dyspepsia. Treatments to date included ambulatory blood pressure monitoring, medication, and diagnostics. Computed Tomography (CT) of chest performed on 08/18/2009 following an abnormal nuclear test was negative. Prior echocardiogram of unknown date demonstrated left ventricular hypertrophy and mitral regurgitation. Electrocardiogram (EKG) was normal on 8/27/14. As of the 09/09/2014 clinical note, the injured worker had complains of 'fist like' symptoms that radiate to the back of her chest that last 5-10 seconds and subside in 2-3 minutes. Prior medications included Hydrochlorothiazide, Lisinopril, Atenolol, and Losartan. Treatment plan included repeat high quality transthoracic echocardiogram for proper evaluation of test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat high quality transthoracic echocardiogram for proper evaluation of test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Zipes.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACCF/ASE/AHA/ASNC/HFSA/HRS/SCAI/SCCM/SCCT/SCMR 2011 Appropriate Use Criteria for Echocardiography. J Am Coll Cardiol, doi:10.1016/j.jacc.2010.11.002.

Decision rationale: The California MTUS/ACOEM and Official Disability Guidelines do not address this request. However, in a publication titled '2011 Appropriate Use Criteria for Echocardiography'. It states that the use of echocardiogram is appropriate for injured workers who have symptoms of ischemic equivalents (Chest Pain Syndrome, Anginal Equivalent, or Ischemic Electrocardiographic Abnormalities) and are considered intermediate or high risk and is inappropriate in injured workers who have an ECG that is interpretable and are able to exercise. According to the documentation provided the patient is not considered intermediate or high risk and there is no indication that the patient is unable to exercise. Additionally, it remains unclear what additional clinical information a repeat echo will provide. Therefore, the request for repeat high quality transthoracic echocardiogram for proper evaluation of test is not medically necessary.