

Case Number:	CM15-0048342		
Date Assigned:	03/20/2015	Date of Injury:	05/06/2011
Decision Date:	05/06/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/13/2015

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 68 () year old male who sustained a work related injury May 6, 2011. While lifting a heavy box, he felt a pull in his neck. He was initially treated with muscle relaxants, x-rays, ultrasound, physical therapy, and injection therapy. Also, while performing physical therapy he fell off an exercise ball and injured his right knee. Past history included surgical repair of meniscal tear, right knee, May 2012, with an issue of asystole treated with atropine, hypertension, cervical pinched nerve C7/T1. According to an initial comprehensive internal medicine consultation, dated February 11, 2013, the injured worker presented for evaluation. The electrocardiogram reveals normal sinus rhythm with first degree AV block. Echocardiogram reveals ejection fraction of 60%, left ventricular hypertrophy, left atrial enlargement, left aortic dilatation and left ventricular diastolic dysfunction. Diagnoses included s/p total meniscus surgery with asystole; hypertension; multiple orthopedic conditions. A retrospective request was made DOS 2/11/2013, for color Doppler, Echo Doppler, Echo.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Color Doppler, Echo Doppler, Echo (DOS 2/11/13): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Zipwa; Braunwald's Heart Disease; A Text

Book of Cardiovascular Medicine 7th Ed page 261, www.aetna.com/cpb/medical date-Color echocardiography, www.webmed.com/heart-disease/echocardiogram, doppler echocardiogram.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.

Decision based on Non-MTUS Citation Aetna,

http://www.aetna.com/cpb/medical/data/1_99/0008.html, Color-Flow Doppler Echocardiography in Adults.

Decision rationale: The patient presents with pain affecting the heart, neck, low back, left arm, left shoulder and right knee. The current request is for retrospective color doppler, echo doppler, echo (DOS 2/11/13). The treating physician report dated 2/11/13 (2C) states, "Exam reveals regular rate and rhythm without murmur, gallop or click." The report goes on to state, "After surgery, his wife and he were told that during right knee corrective surgery the patient's heart stopped....It was the surgeon's opinion to the patient's medication as prescribed by (treating physician) may have had something to do with the cardiac incident he had experienced during surgery....He has not had nor has he had any symptoms with regards to the heart since surgery." The report goes on to state, "An ECG reveals normal sinus rhythm with first degree AV block noted....An Echocardiogram reveals ejection fraction of 60%; left ventricular hypertrophy; left atrial enlargement; left aortic dilatation; and left ventricular diastolic dysfunction noted." The MTUS guidelines do not address the current request. Medical reports provided, do not show that the patient has any history of heart disease. The MTUS, ACOEM, and Official Disability Guidelines do not address the current request. The Aetna guidelines have the following: "Aetna considers color-flow Doppler echocardiography in adults medically necessary for the following indications: Evaluation of aortic diseases, Evaluation of aortocoronary bypass grafts, Evaluation of hypertrophic cardiomyopathy (formerly known as idiopathic hypertrophic subaortic stenosis), Evaluation of prosthetic valves, Evaluation of septal defects, Evaluation of site of left-to-right or right-to-left shunts, Evaluation of the severity of valve stenosis and regurgitation. The guidelines go on to state, "Aetna considers color-flow Doppler echocardiography in adults experimental and investigational for all other indications (e.g., to guide catheter ablation in ventricular tachycardia) because its effectiveness for these indications has not been established." In this case, there is no documentation that the IW experienced asystole. There was no operative note or anesthesia notes of the surgery. Absent asystole, there was nothing that documented echocardiography was indicated. The IW was evaluated after his surgery by his cardiologist and echocardiography was not recommended. Medical necessity has not been established. Therefore, this request was not medically necessary.