

Case Number:	CM15-0052718		
Date Assigned:	03/26/2015	Date of Injury:	09/26/1992
Decision Date:	05/05/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/19/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 55 year female, who sustained an industrial injury on 09/26/1992 reporting neck, right shoulder, left elbow, bilateral wrists and lower back pain. Her diagnoses were cervical spine sprain/strain, lumbar spine sprain/strain, status post left carpal tunnel release and status post left cubital tunnel release and right shoulder strain. On provider visit dated 02/24/2015 (doctor's first report of occupational injury or illness), the injured worker has reported elevated blood pressure. On examination the injured workers blood pressure was noted to be 106/78 and weight was 211 lbs. The diagnoses have included diverticular disease, GERD and elevated blood pressure. Treatment to date has included medication. The provider requested an echocardiogram to rule out organ damage.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Heart Failure in Adults, Institute for Clinical Systems Improvement: Diagnostic Tests: Electrocardiogram; Chest Radiograph.

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 http://www.asecho.org/wp-content/uploads/2013/05/Appropriate-Use-Criteria-for-Echo_2011.pdf.

Decision rationale: This injured worker has no documented cardiac symptoms though does have hypertension and hyperlipidemia as cardiac risk factors. Per the ACCF/ASE/AHA/ASNC/HFSA/HRS/SCAI/SCCM/SCCT/SCMR 2011 Appropriate Use Criteria for Echocardiography Guidelines, she has a low global CAD risk based upon her age, sex and being asymptomatic of cardiac symptoms. This is a 10 -year absolute CAD risk of < 6- 10%. The records do not support the medical necessity of an echocardiogram/ultrasound in this individual.