

Case Number:	CM15-0080300		
Date Assigned:	05/01/2015	Date of Injury:	02/01/2002
Decision Date:	06/03/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/27/2015

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, Tennessee

Certification(s)/Specialty: Emergency 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 74 year old male, who sustained an industrial injury on 2/1/02. The injured worker has complaints of sighing when he is about to go to sleep. The diagnoses have included old myocardial infarction; post automated implantable cardioverter defibrillator; pre-operative cardiovascular and abnormal electrocardiogram. The documentation noted that the injured worker had no palpitations. loss of consciousness or shocks ejections fraction 45-50%, prosthetic aortic valve; no chest pain or shortness of breath; negative lexiscan/cardiolute for myocardial ischemia only a medium sized fixed defect of the inferolateral wall which was unchanged form 7/16/12; mild aortic stenosis and normal functioning prosthetic mitral valve although patient says he's had an aortic valve replacement. The request was for 2D echo with Doppler.

IMR ISSUES, DECISIONS AND RATIONALES

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

2D Echo with Doppler: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Journal of the American College of Cardiology (2010) Connolly HM, Oh JK. Echocardiography. In: Bonow: Braunwald's heart disease- a textbook of cardiovascular medicine, 9th ed. Saunders, an imprint of Elsevier, 2011.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate: Transthoracic echocardiography: Normal cardiac anatomy and tomographic views UpToDate: Tissue Doppler echocardiography.

Decision rationale: Transthoracic echocardiography (TTE) is the primary noninvasive imaging modality for quantitative and qualitative evaluation of cardiac anatomy and function. Tissue Doppler echocardiography (TDE) has become an established component of the diagnostic ultrasound examination; it permits an assessment of myocardial motion using Doppler ultrasound imaging, often with color coding. The most frequent applications of tissue Doppler echocardiography (TDE) are in the evaluation of left ventricular (LV) systolic and diastolic function. In this case there is no documentation of symptoms or signs of left ventricular dysfunction. In addition the patient had echocardiogram in October 2014. There is no documentation of significant change of sign or symptoms since the cardiac testing was completed. Medical necessity has not been established. The request should not be authorized.