

Case Number:	CM13-0036700		
Date Assigned:	12/13/2013	Date of Injury:	09/24/1993
Decision Date:	02/03/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Cardiology and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 61-year-old male who reported an injury on 09/24/1993. The most recent clinical exam is dated 08/16/2013 which shows the patient was seen for a follow up after having a CAD/CABG, dyslipidemia and hypertension. Prior anginal symptoms were noted as chest pressure and shortness of breath, "like an elephant on the chest". The patient has denied having any such symptoms since his previous exam. He denies chest pain, shortness of breath and/or decreased activity tolerance. After having a recent left and right surgery performed on his bilateral knees, the patient has been in physical therapy, and is staying active in retirement. The patient's past medical history includes a CABG in 1998, angioplasty in 1994, with cardiovascular procedures noted as an echo performed in 01/2010, and also in 03/2012, as well as EKGs performed in 09/2010, 10/2011, and another one in 01/2013. The patient also underwent a nuclear stress test in 01/2011. On the patient's physical examination it noted he had heart rate of normal rate and rhythm, Grade II/VI systolic murmur heard best at the aortic listening post which radiates to the carotids. The carotid upstroke is of normal volume, without bruit. Pedal pulses are present, and there is no edema, clubbing or cyanosis noted in the extremities. The physician is now requesting a resting echocardiogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for a resting echocardiogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Braunwald's Heart Disease: A Textbook of Cardiovascular Medicine, 7th Edition, Chapter 11.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://careweb.careguidelines.com/ed17/index.html>.

Decision rationale: Under the Milliman Care Guidelines, it states that a transthoracic echocardiogram, resting, is recommended for patients with heart murmurs to use as evaluation tools for asymptomatic and symptomatic adults and children. As noted in the documentation, the patient has been diagnosed as having a grade II/VI systolic murmur which is heard best at the aortic listening post which radiates to the carotids. However, the medical necessity of having a resting echocardiogram at this time is unclear due to the claimant denying any chest pain, shortness of breath and/or decreased activity tolerance. Furthermore, there are no significant findings on the most recent clinical examination indicating that the claimant has had any indication of disease progression. Therefore, at this time, the medical necessity for a resting echocardiogram cannot be established. As such, the requested service is non-certified.