

Case Number:	CM14-0135913		
Date Assigned:	09/03/2014	Date of Injury:	02/13/2007
Decision Date:	09/30/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/22/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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/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 injured worker is a 49-year-old female who reported an injury on 02/13/2007 due to an unknown mechanism. Diagnoses were fibromyalgia, scleroderma of the skin, and lymphedema. Past treatments have been compressive garments, Flexitouch pump. Diagnostic studies were not submitted. Surgical history was not reported. Supplemental QME report dated 07/09/2014 revealed the injured worker is morbidly obese. The injured worker has had lymphedema since 2006 following gastrocnemius tears and immobilization. It was reported that the injured worker had gained nearly 200 lbs. and complained of extensive swelling in the lower extremities, trunk, and occasionally to the neck. The injured worker lost 68 lbs. of fluid with hospitalization in 2012, with daily wrappings. The injured worker is no longer able to exercise. There are complaints of neuropathy and burning/stabbing nerve pain in lower extremities. Also reported were rashes, headaches, anxiety, shortness of breath and financial distress. The injured worker's weight was 293 lbs. Blood pressure was 119/80. There were 3+ pitting edema of the lower extremities, up to the knees, the left leg greater than the right. The provider is requesting transthoracic echocardiogram quantity 1 to exclude pulmonary hypertension which he believes may be contributing to the lymphedema. Medications were not reported. The Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transthoracic echocardiogram QTY: 1.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.ncbi.nlm.nih.gov/pubmed/12415231>.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The decision for Transthoracic echocardiogram QTY: 1.00 is medically necessary. The California Medical Treatment Utilization Schedule, ACOEM and ODG do not address this. The information was found on a website called Wikipedia. A standard echocardiogram is also known as a transthoracic echocardiogram. In this case, an echocardiogram can be used to evaluate all 4 chambers of the heart. It can determine strength of the heart, the condition of the heart valves, the lining of the heart (the endocardium), and the aorta. It can be used to detect a heart attack, enlargement or hypertrophy of the heart, infiltration of the heart with an abnormal substance. Weakness of the heart, cardiac tumors, and a variety of other findings can be diagnosed with an echocardiogram. With advanced measurements of the movement of the tissue with time (Tissue Doppler), it can measure diastolic function, fluid status, and ventricular dissynchrony. The injured worker has been suffering with lymphedema since 2006. The injured worker has been hospitalized several times for this condition. The origins of this condition are unknown. Therefore, this request is medically necessary.