MAXIMUS Federal Services

Case Number:	CM14-0172415		
Date Assigned:	10/23/2014	Date of Injury:	01/21/2011
Decision Date:	11/25/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/17/2014

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 Internal Medicine, has a subspecialty in Nephrology and is licensed to practice in California. 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:

This is a 55-year-old male with a 1/21/11 date of injury. According to a progress report dated 9/3/14, the patient reported a recent worsening of pain in his left shoulder. His blood pressure is controlled on his present medication regimen. The provider is recommending an echocardiogram, as he has had hypertension for many years. His last echo was more than 3 years ago. Objective findings: normal S1, S2 without murmurs, rubs, or clicks. Diagnostic impression: new onset left shoulder pain, OSA, colitis, hypertension, chronic pain. Treatment to date: medication management, activity modification.A UR decision dated 9/17/14 denied the request for echocardiogram. There is no clinical suspicion for any valvular disease or enlarged heart on examination or symptomatically. MTUS guidelines are silent on the use of echocardiogram to evaluate hypertension. Peer-reviewed reference article on Medscape notes that echocardiogram is not indicated for uncomplicated hypertension.

IMR ISSUES, DECISIONS AND RATIONALES

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

2D Echocardiogram: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical

Evidence: ACC/AHA Guidelines for the Clinical Application of Echocardiography
http://circ.ahajournals.org/content/95/6/1686.full#sec-53

Decision rationale: CA MTUS and ODG do not address this issue. The ACC/AHA guidelines for the clinical application of Echocardiography states that Echocardiography can be used to evaluate systolic and diastolic properties of the left ventricle, and to evaluate related coronary artery disease and degenerative valve disease, especially in the elderly. Stress echocardiography is indicated in the diagnosis and assessment of the functional severity of concomitant coronary artery disease. The usefulness of echocardiography in an individual patient with hypertension without suspected concomitant heart disease depends on the clinical relevance of the assessment of LV mass or function in that patient. Thus, not every patient with hypertension should have resting LV function assessed (Class I), but if such an assessment is relevant, echocardiography is a well-documented and accepted method by which to achieve it. However, in the present case, the records reviewed indicate that this patient had an echocardiogram more than 3 years ago. The results of the echocardiogram were not provided, and it is unclear if there has been a change in the patient's condition to warrant a repeat study. In addition, there is no documentation of abnormal findings on examination. In fact, it is noted that the patient's blood pressure is controlled on his present medication regimen. A specific rationale for obtaining an echocardiogram was not provided nor is there any specific patient complaints, symptoms, or objective findings documented. Therefore, the request for 2D Echocardiogram was not medically necessary.