

<b>Case Number:</b>	CM14-0098346		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	10/05/2008
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and New York. 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 33-year old male who sustained an injury to his left ankle on 10/05/08. Mechanism of injury was not documented. Progress note dated 04/03/14 reported that the injured worker was seen in the past for osteochondral lesion of the left ankle, now had an injury to the anterior talofibular ligament and possible peroneal tendons. Progress reported 05/28/14 reported that the patient stated that one time when he was in the hospital, he was told he had a patent foramen ovale (PFO); however, he reported nothing further had been done. Currently he was off of work due to his ankle problem. Echocardiogram revealed injection fraction of 60%, 1+ MR, and a very small PFO. There was no stenosis or hyperkinesia. The injured worker was diagnosed with status post transient ischemia attack; rule out patent foramen oval and borderline hypertension. The injured worker was recommended for one bubble study echocardiogram. He was cleared to return to his usual and customary type of duties.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Bubble Study Echocardiogram: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines and National Guideline Clearhouse

**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: Romero, JosÃ© R., et al. "Cerebral ischemic events associated with 'bubble study' for identification of right to left shunts." *Stroke* 40.7 (2009): 2343-2348.

**Decision rationale:** The request for one bubble study echocardiogram is not medically necessary. Previous request was denied on the basis that current guidelines fail to reveal evidence to support the use of bubble echocardiogram in the management of patent foramen ovale. The injured worker does not appear to be a candidate for bubble echocardiogram because guidelines do not provide evidence to support this type of study. Therefore, the request was not deemed as medically appropriate. After reviewing the submitted clinical documentation, there was no additional significant objective clinical information provided that would support reverse of the previous adverse determination. Given this, the request for one bubble study echocardiogram is not indicated as medically necessary.