

Case Number:	CM15-0016845		
Date Assigned:	02/05/2015	Date of Injury:	11/01/2012
Decision Date:	03/27/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/29/2015

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: California, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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 54-year-old male who reported an injury on 11/01/2012. The mechanism of injury was not specifically stated. The current diagnoses include constipation, rule out hemorrhoids secondary to constipation, and history of elevated blood pressure. The injured worker presented on 11/20/2014 for a followup evaluation. The injured worker noted improving constipation with the current medication regimen, as well as improving hypertension. Upon examination, there was a regular heart rate and rhythm with no rubs or gallops appreciated. Vital signs were stable with a blood pressure of 138/84 and a heart rate of 58. Recommendations at that time included fasting labs, a urine toxicology screen, an ICG, a stress echo/Doppler, continuation of the current medication regimen, and a 2D echo with Doppler. A Request for Authorization form was submitted on 11/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

2D Echo with Doppler and Stress Echo Doppler: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation BC/BS Medical Policy Bulletin

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: California MTUS/ACOEM Practice Guidelines do not specifically address the requested service. Official Disability Guidelines U.S. National Library of Medicine. U.S. Department of Health and Human Services National Institutes of Health. Updated: 02 March 2015. Echocardiogram An echocardiogram is a test that uses sound waves to create pictures of the heart. The picture is more detailed than a standard x-ray image. An echocardiogram does not expose you to radiation. This test is done to evaluate the valves and chambers of the heart from the outside of your body. The echocardiogram can help detect: Abnormal heart valves Abnormal heart rhythms Congenital heart disease Damage to the heart muscle from a heart attack Heart murmurs Inflammation (pericarditis) or fluid in the sac around the heart (pericardial effusion) Infection on or around the heart valves (infectious endocarditis) P

Decision rationale: According to the U.S. National Library of Medicine, an echocardiogram is usually performed to evaluate the valves and chambers of the heart from the outside of the body. An echocardiogram can help detect abnormal heart valves and rhythms, congenital heart disease, damage to the heart muscle, heart murmur, inflammation, infection, pulmonary hypertension, the ability of the heart to pump, and a source of a blood clot after a stroke or a TIA. The injured worker does not appear to meet any of the above mentioned criteria. There was no documentation of a clinical rationale for the requested study. There was no evidence of any simple workup for known or suspected coronary artery disease. Given the above, the medical necessity has not been established in this case. As such, the request is not medically appropriate at this time.