

Case Number:	CM15-0019764		
Date Assigned:	02/11/2015	Date of Injury:	05/01/2013
Decision Date:	07/28/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	02/02/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 52 year old male who sustained an industrial injury on 05/01/13. Initial complaints and diagnoses are not available. Treatments to date include medications, diet, and exercise. Diagnostic studies include a treadmill study. Current complaints include are not addressed. Current diagnoses include hypertension. In a progress note dated 12/17/14 the treating provider reports the plan of care as a 2 D echo and a kidney ultrasound. The requested treatments include a 2 D echo and a kidney ultrasound.

IMR ISSUES, DECISIONS AND RATIONALES

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

2-D Echo-cardiogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

[http://www.aimspecialtyhealth.com/clinical-guidelines/agreementAccess-cardiacNationalGuidelineClearinghouse, Agency for Healthcare Research and Quality.](http://www.aimspecialtyhealth.com/clinical-guidelines/agreementAccess-cardiacNationalGuidelineClearinghouse,AgencyforHealthcareResearchandQuality)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Echocardiography Writing Group, Technical Panel,

Appropriate Use Criteria Task Force.

ACCF/ASE/AHA/ASNC/HFSA/HRS/SCAI/SCCM/SCCT/SCMR 2011 Appropriate use criteria for echocardiography. *J Am Coll Cardiol* 2011; 57(9): 1126-1166.

Decision rationale: An echocardiogram is a study that uses sound waves to look at the heart. The MTUS Guidelines are silent on this issue. The 2011 Appropriate Use Criteria for Echocardiography guidelines were assembled by the American College of Cardiology Foundation, the American Society of Echocardiography, and eight other key specialty and subspecialty societies. The 2011 Guideline recommendations were extensive. The most common indications for this type of testing include symptoms or findings that suggest a problem with the heart, prior testing showed findings that were concerning for heart disease, symptoms or findings that suggest a problem with a heart valve(s), and a concern for heart failure. The literature does not support routinely monitoring those with high blood pressure with this study. The submitted and reviewed documentation indicated the worker was experiencing no complaints. These records concluded the worker suffered from high blood pressure. There was no discussion suggesting the worker had any symptoms or findings suspicious for a heart problem or any of the other above criteria or detailing describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a two-dimensional echocardiogram is not medically necessary.

Kidney Ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://www.urologyclinic.com/html/renal_ultrasound.html.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Collaborative subcommittees. 2011 American Institute of Ultrasound Medicine (AIUM) and American Urological Association (AUA) practice guideline for the performance of an ultrasound examination in the practice of urology. Accessed 08/19/2014. <http://www.aium.org/resources/guidelines/urology.pdf>.

Decision rationale: A renal ultrasound is a study that uses sound waves to look at the kidneys. The MTUS Guidelines are silent on this issue in this clinical situation. The 2011 American Institute of Ultrasound Medicine (AIUM) and American Urological Association (AUA) Practice Guidelines recommend the use of renal (kidney) ultrasound when there is pain in the back or flank, blood in the urine, symptoms suggesting an issue in the kidney and/or bladder region, laboratory or imaging findings suggesting an issue in the kidney and/or bladder, follow up of a known kidney and/or bladder problem, abdominal trauma, and planning before an invasive procedure. The reviewed and submitted documentation indicated the worker was experiencing no complaints. These records concluded the worker suffered from high blood pressure. While the documented examination recorded a high blood pressure at that time, the submitted record of blood pressures at home suggested the blood pressure was generally well-controlled. There was no discussion suggesting any of the above conditions or concerns or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for an ultrasound of the kidneys is not medically necessary.