

<b>Case Number:</b>	CM15-0110174		
<b>Date Assigned:</b>	06/16/2015	<b>Date of Injury:</b>	12/04/1998
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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: New York

Certification(s)/Specialty: Anesthesiology

### 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 72-year-old male who has reported cardiovascular conditions attributed to work activity, with a listed injury date of 12/4/98. The diagnoses have included congestive heart failure, cardiomyopathy, valvular insufficiency, dyspnea, chronic kidney disease, diabetes, and viral pneumonia. Treatment to date has included medications, supplemental oxygen, BiPap, and apparently, a "ventilator." Per the PR2s in 2013, the injured worker was taking a variety of medications for cardiovascular and other internal medicine conditions. The diagnoses were cardiomyopathy, COPD, hypoxemia, and insomnia. The treatment plan was to continue current treatment and a sleep study. As of 9/19/13, the ejection fraction was "improved", the heart murmur was unchanged, and the oxygen saturation was 94%. The same treatment plan was continued. During 2014, the reports show some degree of shortness of breath with exertion, oxygen saturation around 95% or more on room air, and a diagnosis of mitral regurgitation. "Trilogy therapy" was reportedly beneficial. Per the report of 10/28/14, the oxygen saturation was 98 percent on room air. Trilogy therapy was helpful. The same treatment plan was continued. Per the Request for Authorization of 5/7/15, the treating physician requested a 2D Echocardiogram for cardiomyopathy and dyspnea. On 5/18/15 Utilization Review non-certified an echocardiogram, noting the lack of any specific indications to repeat the study. A non-MTUS citation was given. The Utilization Review listed results of a 2013 myocardial perfusion study, a 2013 ECG, and a 9/29/14 echocardiogram. The Utilization Review noted the lack of any records showing a clinical change since the last echocardiogram. In an unrelated Utilization Review of 2/11/15, the reviewer refers to treating physician reports from 2014-2015 which reflect a stable cardiac status and good function.

## 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 base their decision on the MTUS. Decision based on Non-MTUS Citation Appropriate Use Criteria, March 2011, Criteria for Echocardiography.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation J Am Coll Cardiol. 2011; 57(9):1126-1166. doi:10.1016/j.jacc.2010.11.002 Pamela Douglas MD, et al. 2011 Appropriate Use Criteria for Echocardiography.

**Decision rationale:** The request was for an echocardiogram in a patient with longstanding, known cardiomyopathy. All of the available reports reflect clinical stability and no significant deterioration. Per the cited guideline above, "Routine surveillance (>1 y) of known cardiomyopathy without a change in clinical status or cardiac exam" is not indicated. The records do not provide information regarding a change in clinical status or cardiac exam. The echocardiogram is therefore not medically necessary.