

Case Number:	CM15-0111851		
Date Assigned:	06/19/2015	Date of Injury:	03/18/2014
Decision Date:	08/20/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	06/10/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 female who sustained an industrial injury on 3/18/2014 resulting in left shoulder pain and impaired range of motion. She is diagnosed with status post left shoulder rotator cuff repair. Treatment has included arthroscopic subacromial decompression and rotator cuff repair, physical therapy, and home exercise. The injured worker continues to report pain and a decrease in range of motion. She was also seen in the emergency room on 12/20/2014 for heart palpitations. The patient had an EKG and lab work done which was all normal. She was discharged from the emergency department. She was temporary total disabled as of 3/1/15. A progress report dated October 7, 2014 recommends an echocardiogram and pulmonary function test pre-operatively.

IMR ISSUES, DECISIONS AND RATIONALES

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

Echocardiogram: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.aafp.org/afp/2007/0415/p1219.html>.

Decision rationale: Regarding the request for Echocardiogram, California MTUS and ODG do not address the issue. The AAFP supports noninvasive cardiac imaging for the diagnostic and prognostic assessment of patients with suspected or known coronary artery disease. It is central to the treatment of patients with myocardial infarction, coronary artery disease, or acute coronary syndromes with or without angina. Within the documentation available for review, the patient has had a negative cardiac work-up including EKG and lab work. There is no clear rationale for the echocardiogram given the absence of any current symptoms/findings suggestive of the need for cardiac evaluation. In light of the above issues, the currently requested Echocardiogram is not medically necessary.