

Case Number:	CM15-0149422		
Date Assigned:	08/12/2015	Date of Injury:	09/24/2012
Decision Date:	10/21/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	07/31/2015

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

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 female, who sustained an industrial injury on 9-24-2012. She reported acute right shoulder and arm pain from lifting activity. Diagnoses include status post right shoulder arthroscopy and SLAP repair, persistent right rotator cuff tear with retraction and arthritis, cervical radiculopathy, status post right carpal tunnel surgery and depression, hypertension and hyperlipidemia. Treatments to date include activity modification, medication therapy, physical therapy, and cortisone joint injections. Currently, she reported an abnormal pre-operative EKG prior to right shoulder surgery. On 6-22-15, the physical examination documented mild shortness of breath with mild to moderate exertion. The provider documented EKG result from 6-1-15 revealed a left bundle branch block not previously discovered. The plan of care included request for an Echocardiogram Doppler study, transthoracic, real-time with image documentation (2D).

IMR ISSUES, DECISIONS AND RATIONALES

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

Echocardiogram Qty: 1.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.gov/pubmed/835479>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA Guidelines for the Clinical Application of Echocardiography, for systemic hypertension (circ.ahajournals.org/content/95/6/1686.full).

Decision rationale: The patient was injured on 09/24/12 and presents with right shoulder and arm pain. The request is for ECHOCARDIOGRAM QTY: 1.00 to evaluate the left ventricular function. The utilization review rationale is that physical exam revealed an obese patient, with clear lungs, regular cardiac rhythm, and no heart murmurs noted. The RFA is dated 07/21/15 and the patient's current work status is not provided. MTUS/ACOEM did not discuss echocardiogram. Other guidelines were used. In the journal *Circulation*. 1997; 95: 1686-1744, the ACC/AHA Guidelines for the Clinical Application of Echocardiography, for systemic hypertension (circ.ahajournals.org/content/95/6/1686.full) states: "Echocardiography is the noninvasive procedure of choice in evaluating the cardiac effects of systemic hypertension. M-mode and two-dimensional echocardiographic estimates of LV mass are more sensitive and specific than either the ECG or chest radiograph in diagnosing LV hypertrophy or concentric remodeling." The patient is diagnosed with status post right shoulder arthroscopy and SLAP repair, persistent right rotator cuff tear with retraction and arthritis, cervical radiculopathy, status post right carpal tunnel surgery and depression, hypertension and hyperlipidemia. Treatments to date include activity modification, medication therapy, physical therapy, and cortisone joint injections. The reason for the request is not provided. The patient had a prior EKG on 06/01/15 which revealed a left bundle branch block. The 06/22/15 report states that the patient has gained 30-40 lbs in last 3 years [has] mild to moderate exertional dyspnea. EKG tracing personally reviewed from 6/1/15: sinus rhythm. Hypertension: well controlled on medical therapy. Hyperlipidemia: on atorvastatin. Obesity is a risk factor for a variety of cardiac conditions. Given that the patient is obese and presents with a left bundle branch block, the echocardiogram to evaluate the patient's cardiac condition appears reasonable. The request IS medically necessary.