

<b>Case Number:</b>	CM15-0021979		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	11/13/2012
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2015

### 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, Arizona  
 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 65-year-old female, who sustained an industrial injury on 11/13/2012. The mechanism of injury to the right knee is from a fall. The injured worker was diagnosed as having thoracic or lumbosacral neuritis or radiculitis, brachial neuritis or radiculitis, spinal stenosis of lumbar region, with neurogenic claudication, and lumbago. Treatment to date has included laboratory evaluations, and physical therapy. The request is for echo carotid test, sestambi-rest, saline flush, stress test, complete transthoracic echo, and myocardial perfusion, imaging. The documentation of 01/12/2015 revealed the injured worker denied complaints. The injured worker was in the office for a preoperative evaluation. The injured worker was noted to have no history of cardiac or pulmonary disease and no other medical issues. The injured worker had inability to exercise secondary to pain. The family history was reviewed and noncontributory for early MI, premature CAD, sudden cardiac death, or hereditary conditions. The physical examination revealed no jugular venous distension, no lymphadenopathy, or thyromegaly. The cardiovascular system revealed regular rate and rhythm; normal S1 and S2; and no audible murmurs, gallops, or rubs. The treatment plan included a 2D, nuclear myocardial perfusion scan, and an echo stress test, as well as a sleep study.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **Echo Carotid Test: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/24449082>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Merck Manual, CHF.

**Decision rationale:** Per the Merck Manual, echocardiography can help evaluate chamber dimensions, valve function, EF wall motion abnormalities, LV hypertrophy, and pericardial effusion. The injured worker was not noted to have any cardiac complaints and as such, this test would not be supported. Given the above, the request for echo carotid test is not medically necessary.

### **Complete Transthoracic Echo: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/11230829>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Merck Manual, CHF.

**Decision rationale:** Per the Merck Manual, echocardiography can help evaluate chamber dimensions, valve function, EF wall motion abnormalities, LV hypertrophy, and pericardial effusion. The injured worker was not noted to have any cardiac complaints and as such, this test would not be supported. Given the above, the request for complete transthoracic echo is not medically necessary.

### **Myocardial Profusion Imaging: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/22314553>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Merck Manual, CHF.

**Decision rationale:** Per the Merck Manual, echocardiography can help evaluate chamber dimensions, valve function, EF wall motion abnormalities, LV hypertrophy, and pericardial effusion. The injured worker was not noted to have any cardiac complaints and as such, this test would not be supported. Given the above, the request for myocardial perfusion imaging is not medically necessary.

### **Stress Test: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/21195358>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Southern Ohio Medical Center Website ([www.somc.org/heart/testing/lexiscan.php](http://www.somc.org/heart/testing/lexiscan.php)).

**Decision rationale:** Per SOMC.org, The Lexiscan stress test is a stress test for injured workers who cannot walk on a treadmill. The clinical documentation submitted for review failed to indicate the injured worker could not walk on a treadmill. There was a lack of documentation of cardiac complaints to support the necessity for a stress test. Given the above, the request for stress test is not medically necessary.

**Sestamibi-rest:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3861153>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [en.wikipedia.org/wiki/Main\\_Page](http://en.wikipedia.org/wiki/Main_Page).

**Decision rationale:** Per Wikipedia.org, sestamibi parathyroid scan is a procedure in nuclear medicine, which is performed to localize parathyroid adenoma. There was a lack of documented rationale for the request. Given the above, the request for sestamibi rest is not medically necessary.

**Saline Flush:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.