

Case Number:	CM15-0042256		
Date Assigned:	03/12/2015	Date of Injury:	05/15/2008
Decision Date:	05/28/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	03/05/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 54-year-old male, who sustained an industrial injury on May 16, 2008. The mechanism of injury is unknown. The injured worker was diagnosed as having cervical spine strain, lumbar spine strain, and internal derangement of the right knee, bilateral carpal tunnel syndrome, hypertension with atrial enlargement and Siorgrens syndrome. Treatment to date has included diagnostic studies, surgery, physical therapy and medications. On January 27, 2015, the subjective complaints in the hand written notes were illegible. His blood pressure was noted to be 123/76 and stable. The treatment plan included Lisinopril, Norvasc and repeat echocardiogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Echocardiogram Qty: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA Guidelines for the Clinical Application of Echocardiography. Circulation. 1997; 95:1686-1744.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Echocardiography.
<http://emedicine.medscape.com/article/1820912-overview>.

Decision rationale: According to Medscape guidelines, echocardiogram is indicated in case of cardiomyopathy, active coronary artery disease, heart failure or valvular heart disease. There is no clinical evidence from the patient chart that he has an active coronary artery disease, arrhythmia and cardiomyopathy. Therefore, the request for Echocardiogram is not medically necessary.