

Case Number:	CM15-0061616		
Date Assigned:	04/07/2015	Date of Injury:	02/12/2010
Decision Date:	06/02/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/01/2015

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, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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 42-year-old female, who sustained an industrial injury on February 12, 2010. The diagnoses have included left shoulder sprain/strain rule out ligament tear, left shoulder tendinitis, left wrist sprain/strain rule out carpal tunnel syndrome and hypertension. Treatment to date has included medications, topical analgesics, radiological studies and acupuncture therapy. Current documentation dated February 4, 2015 notes that the injured worker reported left shoulder pain with pressure, tingling and pins and needles sensation. The pain radiated to the mid back and left arm with a weakness sensation. The symptoms were noted to occur once a week. Physical examination of the left shoulder revealed a painful and limited range of motion in all directions. An arm drop test was noted to be positive. The injured worker's blood pressure was noted to be elevated at 157-100. The documentation notes that the injured worker had occasional chest pain and uncontrolled hypertension. The treating physician's plan of care included a request for an echocardiogram of the heart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Echo of the Heart: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The National Guidelines Clearing House.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS/ACOEM Practice Guidelines do not specifically address the requested service. Official Disability Guidelines do not specifically address the requested service.

Decision rationale: According to the U.S. National Library of Medicine, an echocardiogram may be ordered by the physician to evaluate abnormal heart valves or rhythms, congenital heart disease, damage to the heart muscle from a prior heart attack, heart murmurs, inflammation, infection, pulmonary hypertension, the ability of the heart to pump, or the source of a blood clot after a stroke or a TIA. In this case, the injured worker does report intermittent chest pain with uncontrolled hypertension. However, the injured worker's medication regimen was switched from hydrochlorothiazide to HCTZ/triamterene 25/37.5 mg to be taken daily. The injured worker was also instructed to continue with the prescribed lisinopril 20 mg daily. There is no mention of a prior heart attack, abnormal heart rhythm, or history of heart murmur. There is also no mention of prior blood pressure readings. There are no baseline findings on examination of the heart, nor findings on routine EKG or chest x-ray. There is insufficient information provided to establish the medical necessity for an echocardiogram at this time. As such, the request is not medically appropriate.