

Case Number:	CM15-0075799		
Date Assigned:	04/27/2015	Date of Injury:	03/28/2002
Decision Date:	05/22/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/20/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 61 year old male who sustained an industrial injury on 03/28/2002. Current diagnoses include arteriosclerotic heart disease status post myocardial infarction and coronary artery bypass graft surgery as well as subsequent stent placement, and diabetes mellitus type II. Previous treatments included medication management, cervical fusion, four way heart bypass (2005), Percutaneous Transluminal Coronary Angioplasty with stenting (2011), and left heart catheterization with angiography (2014). Previous diagnostic studies include laboratory evaluations, spirometry, EKG, and an echocardiogram on 01/28/2015. Report dated 03/03/2015 noted that the injured worker presented for an agreed medical evaluation. Medical history is pertinent for hyperlipidemia, diabetes, and obesity. Physical examination was positive for abnormal findings. Disputed treatments include echocardiogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Echo Cardiogram: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, Reference Summary.

Decision rationale: MTUS and ACOEM guidelines are silent regarding echocardiogram. The orthopedic physician would like to perform another left shoulder manipulation under anesthesia. This patient is reporting episodes of syncope resulting from left shoulder pain. A neurological workup with MRI and physical exam has not yielded any etiology for her syncope. A thorough neurological workup would also include selected cardiac evaluation for causes of syncope. ODG states: The most important step is to differentiate patients with heart disease from others, since the mortality of these patients is doubled. Echocardiography, Holter-monitoring and electrophysiological study are useful to approach this population. The treating physician has not provided a clear rationale behind this request for an ECG. Given the patient's significant cardiac history, a clearance from the patient's cardiologist should be obtained prior to the procedure. The prior reviewer approved a consultation to the Cardiologist and an ultrasound of the heart. The cardiologist should determine what additional cardiac test are appropriate. As such, the request for Echo Cardiogram is not medically necessary at this time.