

Case Number:	CM15-0078656		
Date Assigned:	04/29/2015	Date of Injury:	07/08/2013
Decision Date:	05/29/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/24/2015

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, Pain Management

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 49 year old male, who sustained an industrial injury on July 8, 2013. He reported low back pain, left hip pain, left knee pain and left ankle pain. The injured worker was diagnosed as having chronic left lateral ankle sprain, lumbar spine sprain/contusion, left hip sprain/contusion and left ankle sprain. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the left knee, orthotic braces, conservative care, medications and work restrictions. Currently, the injured worker complains of left ankle, hip, low back and left knee pain with associated headaches and insomnia. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on December 10, 2014, revealed continued severe left knee pain. Diagnostic arthroscopy was performed. Cardiac clearance for total knee replacement surgery was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Echocardiogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Echocardiogram.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<https://www.asnc.org/imageuploads/j.jacc.2010.11.002v1.pdf>.

Decision rationale: Regarding the request for echocardiogram, CA MTUS and ODG do not address the issue. The American College of Cardiology provides an appropriate use score of only 2 out of 9 for routine perioperative evaluation of ventricular function with no symptoms or signs of cardiovascular disease. Within the documentation available for review, the patient is noted to have no current symptoms/signs or history of coronary artery disease and a normal ECG. No rationale for the use of echocardiogram was presented. In light of the above issues, the currently requested echocardiogram is not medically necessary.