

Case Number:	CM15-0091084		
Date Assigned:	05/15/2015	Date of Injury:	02/12/2010
Decision Date:	06/17/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/12/2015

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
 Certification(s)/Specialty: Family Practice

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 2/12/2010, while employed as a cook. She reported left wrist pain as a result of pulling bread from racks. She also reported continuous trauma, with the development of left wrist and shoulder pain. The injured worker was diagnosed as having left shoulder sprain/strain, rule out ligament tear, left shoulder tendinitis, left wrist sprain/strain, and hypertension. Treatment to date has included diagnostics, acupuncture, and medications. Urine drug screens (10/22/2014 and 11/19/2014) were negative for all tested analytes, with no medications reported as prescribed. The PR2 report (11/03/2014) noted that she suffered from hypertension and her blood pressure was 153/102, her pulse was 91, and height 5'7" and weight 238 pounds. She did not show for appointment on 12/17/2014, according to the PR2 report. On 2/04/2015, she was documented as taking Lisinopril and HCTZ for hypertension and her blood pressure was 157/100. A review of symptoms noted occasional chest pain (unspecified) and heartburn. Currently, the injured worker complains of left wrist and shoulder pain, rated 7/10. She reported occasional dizziness, when she is stressed out, and noticed chest pain lately. Current medications included Motrin, Lisinopril, HCTZ, and Aleve. Her blood pressure was 120/96 and pulse was 93. It was documented that she suffered from hypertension for the last 8 years. Exam noted heart with regular rate and rhythm and murmurs systolic 1-/6. The treatment plan included a 2D echocardiogram and carotid Doppler, due to her high risk of cardiovascular disease. She was to continue Motrin and was prescribed Prilosec, Ultracet, and if possible Vicodin. Compound creams were to continue.

IMR ISSUES, DECISIONS AND RATIONALES

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

2D echo and carotid doppler: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed/19357029.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2010 ACCF/AHA guideline for assessment of cardiovascular risk in asymptomatic adults. A report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines.

Decision rationale: The MTUS Guidelines are silent in regards to 2D Echocardiogram or in regards to carotid doppler studies. The provider in this case requested these studies due to the patient having a "high risk for cardiovascular disease based on her history." The ACCF/AHA guideline for assessment of cardiovascular risk in asymptomatic adults states that echocardiography may be appropriate for general screening to detect left ventricular hypertrophy (LVH) in asymptomatic adults with hypertension. Carotid intima media thickness measurements via ultrasound (but not carotid doppler) may be helpful at identifying a high risk individual of those individuals who only have intermediate risk factors. In general, these tests do not lead to information which leads to significant and warranted interventions which significantly reduce risk of cardiovascular disease, however. In the setting of this worker, the echocardiogram might be considered reasonable in the setting of this worker having hypertension, however, the carotid doppler does not have any place in any plan for cardiovascular screening testing. Regardless, this request for both of these tests fails to connect itself to the injury from 2010 as cardiovascular disease is not caused by shoulder and wrist cumulative trauma, but is caused by poor lifestyle choices and family history. Therefore, the request for 2d echo and carotid doppler will not be considered medically necessary.