

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 11/15/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/16/2013  
Date of Injury: 4/12/2009  
IMR Application Received: 7/26/2013  
MAXIMUS Case Number: CM13-0003884

- 1) MAXIMUS Federal Services, Inc. has determined the request for an EKG **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for a two (2) D doppler **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for an ophthalmologist referral **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/26/2013 disputing the Utilization Review Denial dated 7/16/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/8/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for an EKG **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for a two (2) D doppler **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for an ophthalmologist referral **is not medically necessary and appropriate.**

### **Medical Qualifications of the Expert Reviewer:**

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, and is licensed to practice in California. 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 treatments and/or services at issue.

### **Expert Reviewer Case Summary:**

Claimant presents with a past medical history pertinent for back and right shoulder pain. Claimant is s/p right shoulder arthroscopic debridement 9/13/10. The claimant was last seen 10/21/11 and it was determined at that time that the claimant had reached maximum medical improvement.

### **Documents Reviewed for Determination:**

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

**1) Regarding the request for EKG :**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite any evidence based criteria for its decision.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on 2010 ACC/AHA guidelines for assessment of cardiovascular risk in asymptomatic patients, page 19, which is not part of the MTUS.

Rationale for the Decision:

The 2010 ACC/AHA guidelines for assessment of cardiovascular risk indicate that a resting ECG is reasonable for cardiovascular risk assessment in asymptomatic adults with hypertension, Class IIa evidence. Submitted and reviewed records indicate complaints of intermittent atypical chest pain and headaches. The employee also had a history of chronic gastro esophageal reflux disease (GERD) and uncontrolled hypertension. **The request for EKG is medically necessary and appropriate.**

**2) Regarding the request for two (2) D doppler:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite any evidence based criteria for its decision.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on 2010 ACC/AHA guidelines for assessment of cardiovascular risk in asymptomatic patients, page 19, which is not part of the MTUS.

Rationale for the Decision:

The 2010 ACC/AHA guidelines for assessment of cardiovascular risk in asymptomatic individuals state that a Transthoracic 2D ECHO to detect LVH may be considered for cardiovascular risk assessment in asymptomatic adults with hypertension, Class IIb evidence. Submitted and reviewed records indicate complaints of intermittent atypical chest pain and headaches. The employee also had a history of chronic gastro esophageal reflux disease (GERD) and uncontrolled hypertension. **The request for two (2) D doppler is medically necessary and appropriate.**

### 3) Regarding the request for ophthalmologist referral:

#### Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite any evidence based criteria for its decision.

The Expert Reviewer based his/her decision on Eye Chapter (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 16, Timing of Referrals, page 491, which is part of the MTUS.

#### Rationale for the Decision:

The employee had a history of chronic GERD and uncontrolled hypertension. Records indicate complaints of intermittent atypical chest pain and headaches. Ophthalmologist referral was requested by the employee's medical provider to rule out potential end organ damage secondary to hypertension. However, there is no indication of hypertensive retinopathy on physical exam or blurry vision noted by the employee. **The request for an ophthalmologist referral is not medically necessary and appropriate.**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.