Company ID: Radiology Management | Diagnosis: R93.1 | Health Plan: AETNA / COMMERCIAL / AXC

EpisodeID/Case Number: | Patient: | Age / Gender: 60 / F

Physician: | Speciality: NONE | Phys. Phone: (210)

CBR Route : CARDIOLOGY | Medical Record Required | PROD - ccnidcucsione2

DOB: | Patient ID: | Patient / Jurisdiction State: TX / TX

Site : METHODIST STONE OAK HOSPITAL-HCA AFFILIATE | Site Addr : 1139 EAST SONTERRA BLVD | Site Phone: (210) 638-2100

Case Information | Due Date: 10/10/2024 | Priority: R | Status: V

Patient Search | Case/Episod | Search | Previously worked cases | Get Next Case

Additional Commands

Edit Previous Review | Correspondence | QA Review | Duplicate | FAX Out | Priority: R | Process Change

Primary Dx Code: R93.1 Look Up | Secondary Dx Code: R55 Look Up | Clear | Save | Preferences... | Claim Info

Case History

1 items in 1 pages

	Docs	Stat	Pri (Pg 4)	CPT	CPT Description (Full Desc)	Physician Info (Ordering & Rendering)	Episode ID (Journal)	Episode Date (Case Info)
Select	LU	V	R	75561	Heart MRI Structure/Funct WO&W			10/8/2024

Entry Date	Comment	AuthStatus	UserID
10/8/2024 3:22:58 PM	Site selection derived from SiteLookup	N	WEBUSER 5ATIB3767
10/8/2024 3:22:58 PM	Please provide all necessary clinical information.	N	WEBUSER 5ATIB3767
10/8/2024 3:24:31 PM	User acknowledged accuracy of information submitted.	V	WEBUSER 5ATIB3767
10/8/2024 3:24:32 PM	OFFICE NOTES.pdf document has completed the file scan process and was successfully uploaded to the case.	V	SYSTEM
10/8/2024 3:24:32 PM	The prior authorization you submitted, Case A227348219, has been received. Additional case status notifications will be sent if you opted in for email notifications. Thank you.	V	5ATIB3767
10/8/2024 3:24:32 PM	The case status was changed to 'V' following UPADS Evaluation on the web.	V	WEBUSER 5ATIB3767
10/8/2024 3:24:32 PM	User attests that this request and any information submitted is not clinically urgent or expedited in nature.	V	WEBUSER 5ATIB3767
10/8/2024 3:24:33 PM	ECHO RESULTS.pdf document has completed the file scan process and was successfully uploaded to the case.	V	SYSTEM
10/8/2024 3:24:33 PM	Additional Clinical Uploaded On the Web.	V	UPADS Service
10/8/2024 3:24:34 PM	mri order.pdf document has completed the file scan process and was successfully uploaded to the case.	V	SYSTEM
10/8/2024 3:24:34 PM	Upload attached, outreach no longer necessary.	V	OPS
10/8/2024 3:24:34 PM	3 out of 3 document(s) have been processed by file scan.	V	SYSTEM
10/8/2024 3:24:38 PM	Assigned via CBR to	V	

Case Information

Case Number:

Referring Physician:
Speciality:
Episode Date: 10/8/2024 3:22:58 PM
Approved Date: None
Expiration Date: None
Denied Date: None
Requested Date of Service: None
Priority: R
Diagnosis: R93.1 / Abnormal findings on diagnostic imaging of heart and coronary circulation
Secondary Dx Code: R55 / Syncope and collapse

Attached Faxes | Sent Letters & Faxes | Document Uploads

3 faxes attached.

☐ Include Related Faxes

Date Attached	Time Attached	Fax Name	Fax Type	Fax Viewer	View	View OCR
10/08/2024	15:24:46	OCR searchable PDF	Fax Type selection not available	Fax Viewer	View	View OCR
10/08/2024	15:24:56	OCR searchable PDF	Fax Type selection not available	Fax Viewer	View	View OCR
10/08/2024	15:25:00	OCR searchable PDF	Fax Type selection not available	Fax Viewer	View	View OCR

Attached Faxes | Sent Letters & Faxes | Document Uploads

Episode ID	Date Uploaded	Time Uploaded	Document Name	View
	10/08/2024	15:24:32	c5-47df-bda8-8d81aa1f6167	View
	10/08/2024	15:24:32	RESULTS.pdf|c48fa417-e6c5-47df-bda8-8d81aa1f6167	View
	10/08/2024	15:24:33	df-bda8-8d81aa1f6167	View

Previous Review History

The medical record for this patient is required to complete medical necessity review.

Medical records include:
-Current signs and symptoms indicating the exam
-Prior diagnostic studies with results (e.g. imaging studies or biopsies)
-Prior management including conservative therapies
-Medications with dose and duration

How would you like to proceed? **Continue to documentation upload**

Are you ready to upload documentation now? **Yes, I am ready to upload the record.Recommended. (If Urgent/Expedited case, upload is required)**

Procedures

Approve all procedures

Refresh

	Description	POS	Auth Start Date	Exp Date
		11	10/08/2024	

		Procedure	Body Part	Quantity	Qty App	Modifier	Valid From	Valid Through
	Change Code	75561 Magnetic Resonance Imaging (MRI), a special kind of picture of your heart without and with contrast (dye)		1	1			

Female,

Today: 10/08/2024 02:23 PM
Order Date: 08/14/2024 01:00 PM

RESPONSIBLE PARTY/GUARANTOR INFO:
Name:
DOB: (

Primary Insurance Name: AETNA HIX
Insurance Phone:
Insurance Address: PO BOX 981106 , EL PASO , TX , 799981106
Subscriber Number:
Insured Name:
Address:

Priority	Diagnostic Name	Fast	Assessment(s)	Clinical Info
Routine	MRI-CARDIAC W/W/O CONTRAST & FURTHER SEQ (75561) Notes: HOCM eval TexSan	No	- R93.1, Abnormal echocardiogram - R55, Syncope and collapse	

Methodist PHYSICIANS | NEUROSURGERY AND NEUROLOGY SPECIALISTS

09/10/2024 PROGRESS NOTE: MD

Current Medications

Taking

- Enalapril Maleate 10 MG Tablet 1 tablet Orally Once a day
- Atorvastatin Calcium 40 MG Tablet 1 tablet Orally Once a day
- Levothyroxine Sodium 75 MCG Capsule 1 tablet in the morning on an empty stomach Orally Once a day
- Aspir-81
- Olmesartan Medoxomil 40 MG Tablet 1 tablet Orally Once a day

Medication List reviewed and reconciled with the patient

Past Medical History

Hypothyroidism.
HLD (hyperlipidemia).
CVA (cerebrovascular accident).
HTN (hypertension).
Syncope.

Surgical History

Kidney stone 2005

Family History

Mother: deceased
Father: deceased, diagnosed with Asthma
1 son(s) , 2 daughter(s) - healthy.

Social History

Alcohol Use Patient does not use alcohol.
Tobacco Status Patient is a never smoker.
Exercise: yes, walking daily morning and evening.
Marital Status: Married.
Lives with: spouse.
Ambulatory Status : is independent.
Caffeine: 1-2 cups of tea, coffee.
Drugs: none.
Diet: regular.

Reason for Appointment

1. NP Syncope

History of Present Illness

Depression Screening:

PHQ-2 (2015 Edition) Little interest or pleasure in doing things? Not at all, Feeling down, depressed, or hopeless? Not at all, Total Score 0.

First Point of Contact Screening:

Do any of the following apply to you? New rash or open sores No, Fever and/or chills in the past 7 days No, Cough No, Muscle or body aches (other than from an injury) No, Sore throat No, In the past 3 weeks, have you or a close contact traveled outside the United States and you are now ill? No, OFFICE USE (If universal masking is not in place, provide patients age 2 years and older with a facemask to wear over their mouth and nose while in the practice.): Patient answered "no" to all questions OR only answered "yes" to question 1, No further action needed 09/10/2024.

General Complaints:

60 Yo F with PMHx, hypothyroidism, HLD, HTN, CVA, is coming to the clinic as new pt to establish care.

She is here with husband, pt does not speak English, husband is mainly translating.
She has been having Syncopal episodes. She was seen in ER, had MRI.

ER visit, from the charts: 'Patient was in her home this morning, standing up, when she passed out. She regained consciousness not long afterward. EMS was called out, evaluated the patient. States that her blood pressure was 130/80. They stood her up, and she felt like she was going to pass out again, her blood pressure went down to90/60. Of note, the patient had a mechanical fall last night, sustained some cuts on the bottom of her foot. '

She has had prior event in Nov 2023, she was sitting outside in sun, she passed out, had locked jaw, she was not responsive, no shaking.

She had event of passing out and feeling weird sensation on left face in Nov 2018,she had a CVA. Is taking ASA.

Preferred language is: English
Patient agrees to blood transfusion 6/5/2024.

Allergies
N.K.A.

Hospitalization/Major Diagnostic Procedure
SEE ABOVE

Review of Systems
NEUROLOGY:
Allergic/Immune Negative for: itchy eyes, runny nose, sneezing. Dermatology/ Integumentary Negative for: rash. HEENT Negative for: decreased vision, blurry vision; ear pain, ringing in ears, runny nose, sinus pressure, sore throat. Resp/Pulmonology Negative for: asthma history, bloody sputum, dyspnea/shortness of breath, wheezing. Cardiology Negative for: palpitations, swelling of ankles, fainting, dizziness/lightheadedness. Gastroenterology Negative for: constipation, diarrhea, blood in stool, abdominal pain, nausea, vomiting. Genital/Urinary Negative for: difficulty with urination, blood in urine, incontinence, frequent urination. Musculoskeletal Negative for: joint pain, joint swelling, muscle pain, muscle weakness. Neurology Negative for: chronic headaches, dizziness, weakness, tingling/numbness, tremor, seizures, double vision, difficulty with speech, impaired memory, loss of coordination, falls. Psychology Negative for: alcohol abuse, anxiety history, depression history, illicit drug use, suicidal thoughts. Hem/Lymph Negative for: easy bruising, prolonged bleeding.

She is followed by cardiology, will get MRI of the heart, possible evaluation with HUTT. Has not had Holter monitoring.

Studies:
U/S- Conclusions note:1. No evidence of significant stenosis in bilateral internal carotid arteries2. Normal antegrade flow in bilateral vertebral arteries3. No significant stenosis in bilateral subclavian arteries

MRI brain : 5/16/24: Impression: mild to mod chr ishemic changes., Old right thalamic lacunar infarct.

Labs: CBC, CMP

CTH - IMPRESSION: No acute intracranial abnormality. 5/11/2022

ECHO : LV normal and systolic function. Moderate concentric LVH. Diastolic function indeterminate. Cannot rule out dynamic LVOT obstruction. RV normal in size and systolic function. No significant valvular disease present (see text).- Bubble study negative for intracardiac shunt. Compared to October 2018 study, there is nonsignificant change.

Vital Signs
Ht: 61 in, Ht-cm: 154.94 cm, Wt: 165.6 lbs, Wt-kg: 75.11 kg, BMI: 31.29, Weight Change: -3.2 lbs, Body Surface Area: 1.8, BP: **122/76**, HR: **64**, Oxygen sat %: **98.**

Examination
NEUROLOGY:
Constitutional: well nourished, well developed, in no acute distress.
Mental Status: Affect appropriate. Normal Orientation, memory, concentration, language, fund of knowledge.
Head: normocephalic and atraumatic.
Cranial Nerves: Pupils equally round and react to light. Extraocular muscles are intact. Facial sensation is symmetric. No facial droop. Hearing intact to conversation. Palate upgoing. Tongue midline.
Motor Strength: 5/5 upper and lower extremities proximally and distally.
Sensory: Exam to light touch is within normal limits over the bilateral face, arms and leg.
Cerebellar: Finger-to-nose within normal limits.
Gait and Station: Casual gait within normal limits.

Assessments
1. Syncope and collapse - R55 (Primary)

60 yo with syncopal episodes, can have locked jaw, no overt shaking, she has injured herself. MRI brain shows old stroke and U/S carotids. She is followed by cardiology, will get MRI of the heart, possible evaluation with HUTT. Has not had Holter monitoring.
Will get EEG to r/o epileptiform abnormalities.
And also get CTA H/N to r/o cerebral hypoperfusion.
She is recommended to f/u with cardiology and complete workup with

Holter motoring.
She is advised to drink at least 60-65 oz of water every day.
Return to clinic in 3 months.
Total time of the visit 70 minutes, greater than 50% spent on counseling and coordination of the care, discussed with patient, as detailed above.

Treatment

1. Syncope and collapse

IMAGING: CT- Angio Head and Neck w/Contrast (70496, 70498, Q9967)(STRIC-XZHEN1)

PROCEDURE: EEG RECORDING AWAKE AND ASLEEP (95717)

Notes: Drink about 60-65 oz of water everyday.

Follow Up

3 Months

Care Plan Details

REPORT

Sonographer: t, Tech

Reading Physician: MD

AUC: Prior testing: with abnormal chest x-ray, baseline scout images for stress echo, ECG, cardiac biomarkers (A)

Indication/Diagnosis: HX of CVA

Conclusions

Overall Conclusions & Recommendations

- LV normal in size and systolic function. Moderate concentric LVH. Diastolic function indeterminate. Cannot rule out dynamic LVOT obstruction.

- RV normal in size and systolic function.

- No significant vavlular disease present (see text).

- Bubble study negative for intracardiac shunt.

- Compared to October 2018 study, there is no signficant change.

Findings

Left Atrium:

The left atrial chamber size is normal.

Left Ventricle:

The left ventricular chamber size is normal. There is normal left ventricular systolic function. The EF range is estimated to be between 55 % and 60 % visually. Mild to moderate concentric ventricular hypertrophy is observed.

Right Atrium:

The right atrial cavity size is normal. Bubble study did not reveal passage of agitated saline from right to left.

Transthoracic Echocardiogram, 2D Imaging and Spectral Color Flow Doppler

Name:		MPI#:	
Facility MR#:		Admission Number:	
Study Date:	08/02/2024	Study Time:	08:08 AM
Date Of Birth:		Age:	60 year(s)
Height:	60 in. (152.4 cm)	Weight:	160 lbs. (72.58 kg)
BSA:	1.7 m2	Gender:	Female
Blood Pressure:	140 mmHg / 83 mmHg	Heart Rate:	64 bpm
Rhythm:	Normal sinus rhythm	Infection:	

Right Ventricle:

The right ventricular cavity size is normal. The right ventricular global systolic function is normal.

Mitral Valve:

The mitral valve is normal in appearance and function.

Diastolic Function

Indeterminate LV diastolic function.

Aortic Valve:

There is no evidence of aortic stenosis. There is minimal aortic sclerosis present.

Tricuspid Valve:

The tricuspid valve is normal in appearance and function.

Pulmonic Valve:

Pulmonic valve is poorly visualized..

Aorta:

The aorta appears normal without significant plaque.

Great Vessels:

IVC:

The IVC is normal in size. The IVC is less than 15mm and collapses more than 50% with inspiration (RAP 1-3 mmHg).

Pericardium:

No pericardial effusion is observed.

Exam Details

Procedure Ordered:	Transthoracic Echocardiogram, 2D Imaging and Spectral Color Flow Doppler
Procedure Status:	Routine study
Image Quality:	Technically Difficult

REPORT

Technical Limitations: Echocardiographic views were limited by poor acoustic window availability

Contrast: I.V. dose of Definity was administered to improve endocardial border definition

Intravenous contrast was administered to evaluate possible R-L intracardiac shunting

Contrast Lot#: 1357

Exam Room: MH Cardiology Clinic Non-Invasive

Left Atrium Measurements

Label	Value	Normal Value
LADs, 2D	34 mm	(27mm - 38mm)
LAESV index, BP	17.6 ml/m2	(16ml/m2 - 34ml/m2)
LAESV, BP	30 ml	

Left Ventricle Measurements

Label	Value	Normal Value
IVSd, 2D	13 mm	(6mm - 9mm)
IVSs, 2D	17 mm	(6mm - 11mm)
LV Mass Index, 2D ASE	86.8 g/m2	(43g/m2 - 95g/m2)
LV Mass, 2D ASE	147.61 g	(66g - 150g)
LVDd, 2D	34 mm	(38mm - 52mm)
LVDs, 2D	16 mm	(22mm - 35mm)
LVEDV Index, BP	55.3 ml/m2	(29ml/m2 - 61ml/m2)
LVEDV, BP	94 ml	(46ml - 106ml)
LVEF, 2D	66 %	(54% - 74%)
LVEF, BP	67 %	(54% - 74%)
LVESV, BP	32 ml	(14ml - 42ml)
LVOT PGmean	2 mmHg	
LVOT Vmax	1.01 m/s	(0.7m/s - 1.1m/s)
LVOT VTI	23.10 cm	(18cm - 22cm)

LVPWd, 2D	13 mm	(6mm - 10mm)
LVSV Index, BP	37.1 mL/m2	(35mL/m2 - 9999.9mL/m2)
MV E' lateral	0.05 m/s	(0.1m/s - 999m/s)

MV E' septal 0.06 m/s (0.07m/s - 999m/s)

MV E/A	0.86
MV E/E' lateral	16.00 (4.62 - 8.89)
MV E/E' septal	12.60 (5 - 12)

Right Atrium Measurements

Label	Value	Normal Value
RA Area s, A4C	14.3 cm2	(0cm2 - 17.9cm2)
RA Index	20 mL/m2	(18mL/m2 - 32mL/m2)
RA Vol, 2D	34 mL	(15mL - 27mL)

Right Ventricle Measurements

Label	Value	Normal Value
RVD Base	40 mm	(25mm - 41mm)
RVD Long	59 mm	(59mm - 83mm)
RVD Mid	39 mm	(19mm - 35mm)
RVFAC	70 %	(32% - 60%)
TAPSE	28.6 mm	(16mm - 20mm)

Mitral Valve Measurements

REPORT

Label	Value	Normal Value
MV PGmax	4 mmHg	
MV PGmean	1 mmHg	(1mmHg - 2mmHg)
MV VTI	30.10 cm	
MVA D (continuity eq.)	2.4 cm2	(4cm2 - 6cm2)

Aortic Valve Measurements

Label	Value	Normal Value
AV PGmax	7 mmHg	
AV PGmean	3 mmHg	
AV Vmax, Caliper	1.34 m/s	(0m/s - 2.5m/s)
AV VTI	27.00 cm	
AVA D (continuity eq. Vmax)	2.4 cm2	
AVA D (continuity eq. VTI)	2.7 cm2	
AVA Index (continuity eq. VTI)	1.59 cm2/m2	
AVA Index (continuity eq.Vmax)	1.41 cm2/m2	
DI AoV	0.86 (0.51 - 1)	
LVOT Vmax / AV Vmax	0.75	
LVOT VTI / AV VTI	0.86	
LVOTd	20 mm	(18mm - 20mm)
LVSVI, 2D	8.2 ml/m2	

Tricuspid Valve Measurements

Label	Value	Normal Value
RA Pressure	3 mmHg	(0mmHg - 5mmHg)
RVSP	8 mmHg	(25mmHg - 35mmHg)
TR Vmax	1.13 m/s	(0m/s - 2.8m/s)

Pulmonic Valve Measurements

Label	Value	Normal Value
PV PGmean	2 mmHg	

Aorta Measurements

Label	Value	Normal Value
Ao Sinus Valsalva	29 mm	(27mm - 33mm)
AoAsc	32 mm	(23mm - 31mm)
AoST	26 mm	(23mm - 29mm)

Electronically signed by Shawn T Ragbir, MD on 08/13/2024 at 07:13 PM

(No Signature Object)