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06/01/2021 1554

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FAX

From: Electronic Fax - *** Fax: (815) 410-1770

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EviCore case Reference# 1149010217, Patient's Member ID# 005629800.

THIS IS AN URGENT APPEAL. DELAY IN CARE OR TREATMENT WILL IMPACT MEMBERS HEALTH.

Denial is for ECH2000 - TRANSTHORACIC ECHOCARDIOGRAM (TTE) COMPLETE (CONTRAST/BUBBLE/3D PRN)

Richard Dwyer 61 year old male 12/25/1959 320 CONGDON AVE **ELGIN IL 60120**

UHC ALL PAYOR 005629800

ECH2000 - TRANSTHORACIC ECHOCARDIOGRAM (TTE) COMPLETE (CONTRAST/BUBBLE/3D PRN)

Z82.79 (ICD-10-CM) - Family history of bicuspid aortic valve

Dwyer, Richard (MRN: 1489590) DOB: 12/25/1959



Melrose Park, IL 60160-1629

DWYER.RICHARD MRN: 1489590

DOB: 12/25/1959, Sex: M Acct #: 148959000085 Enc. Date:05/11/21

Progress Notes Info

Note Status Last Update User Last Update Date/Time

Lagedrost, Sarah, MD Signed Lagedrost, Sarah, MD 5/11/2021 4:54 PM

Progress Notes by Lagedrost, Sarah, MD at 05/11/21 1500

Author: Lagedrost, Sarah, MD

Service: —

Author Type: Physician

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Encounter Date: 5/11/2021 Status: Signed

Editor: Lagedrost, Sarah, MD (Physician)

Encounter Date: 5/11/2021

Name: Richard Dwyer ~ ~ MRN: 1489590 ~ Age: 61y ~ DOB: 12/25/1959

PCP: Clifford, Bradley, MD

Chief Complaint: cough

History of Present Illness:

Richard Dwyer is a 61y male PMH OSA, HTN who presents for acute visit for cough

Had rapid covid test at walgreens today that was negative

2 weeks ago travelled to Alabama Symptoms began 5/2/21 First symptom was nasal congestion and sinus congestion Now w/ dry cough w/ phlegm Wakes up with phlegm in the AM Throat hurts and burns but is getting better

Has had dry cough on and off since starting lisinopril

Takes tylenol

Taking nyquil and cough drops not helping

Overall getting better

ROS No fevers no chills No vomiting Occasional dyspnea No muscle acches No change in smell or taste

Has not had covid vaccine

Dwyer, Richard (MRN: 1489590) DOB: 12/25/1959

BP Readings from Last 6 Encounters:

05/11/21	152/94
04/29/20	146/86
12/06/19	154/90
10/02/19	142/92
05/24/19	136/72
01/07/19	145/83

Past Medical History:	
Diagnosis	Date
 Generalized osteoarthrosis, unspecified site 	11/8/2005
Pure hyperglyceridemia	2/6/2015
Sciatica	3/23/2012
SVT (supraventricular tachycardia)	11/6/2015
11/15 event 3 runs SVT 39 beats SVT SVT fas	test 171
hom	

Patient Active Problem List

Diagnosis

- Concussion with moderate (1-24 hours) loss of consciousness
- Closed Dislocation of Other Part of Foot
- PERFORATION OF TYMPANIC MEMBRANE
- · Carcinoma in situ of skin of upper limb, including shoulder
- BEE/ WASP/HORNET ALLERGY
- Sprain and Strain of Unspecified Site of Back
- · Generalized osteoarthrosis, unspecified site
- Dysthymic Disorder
- · Umbilical Hemia with Obstruction
- Lumbago
- · Family History of Diabetes Mellitus
- · Other dyspnea and respiratory abnormality
- · Sprain and strain of unspecified site of knee and leg
- Other Malignant Neoplasm of Skin of Upper Limb, In
- · Tear of medial collateral ligament of knee
- Obesity, unspecified
- · Pure hypercholesterolemia
- Left knee pain
- Sciatica
- · Hypersomnia, unspecified
- · Sleep apnea
- · Pure hyperglyceridemia
- Palpitations
- Atypical chest pain
- SVT (supraventricular tachycardia)
- Essential hypertension, benign
- BPH without urinary obstruction

Past Surgical History:

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Dwyer, Richard (MRN: 1489590) DOB: 12/25/1959

Procedure Laterality Date ·OTHER (P-OTH) 11/12/07 Umbilical hernia repair with a mesh patch. · OTHER (P-OTH) 6/23/09 Arthroscopic partial medial meniscectomy

Current Outpatient Medications

Medication	Sig
acetaminophen (TYLENOL)	Take 2 Tabs by mouth every 12 hours as needed
500 MG PO tablet	for pain.
 benzonatate (TESSALON) 100 MG capsule 	Take 1 Capsule by mouth 3 times daily as needed for cough.
famotidine (PEPCID) 20 MG PO tablet	Take 1 Tab by mouth every 24 hours as needed (heartburn).
 losartan (COZAAR) 50 MG tablet 	Take 1 Tablet by mouth daily.
Multiple Vitamins-Minerals (MULTIVITAL) Tab	1 daily
 polyethylene glycol-electrolytes (GOLYTELY) 236 a solution 	Drink half gallon night before, then half gallon 5 hours before colonoscopy

No current facility-administered medications for this visit.

Allergies

Reactions Allergen

Bandage [Tape (Unspecified)]

Itchy,rash.

 Bee Venom Angioedema/Swelling

Environmental

SEASONAL

• Lisinopril Cough

PHYSICAL EXAMINATION:

Vitals:

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BP. 152/94 72 Pulse:

Body mass index is 42.57 kg/m². Constitutional Well appearing, NAD

Eyes sciera non-icterio

ENT MMM, OP clear and w/o erythema mild cobblestoning Clear to auscultation bilaterally no wheezing no rales Resp

RRR, normal \$1/\$2 CV

Alert and oriented x3, Normal mood and affect Psych

ASSESSMENT / PLAN:

Richard Dwyer is a 61y male who presents for acute visit for cough

Dwyer, Richard (MRN: 1489590) DOB: 12/25/1959

1. Cough

Started with URI symptoms, now waking up in the AM with phlegm.says overall symptoms are getting better

No fevers to suggest PNA

Likely postviral bronchitis

Had negative COVID swab at CVS today

Will repeat PCR

- COVID-19 CORONAVIRUS; Future
- COVID-19 CORONAVIRUS
- benzonatate (TESSALON) 100 MG capsule; Take 1 Capsule by mouth 3 times daily as needed for cough. Dispense: 30 Capsule; Refill: 0
- losartan (COZAAR) 50 MG tablet; Take 1 Tablet by mouth daily. Dispense: 30 Tablet; Refill: 3
- PRIMARY CARE FOLLOW UP VISIT; Future

2. Essential hypertension, benign

During visit he reports intermitent dry cough for the last year since beginning lisinopril Switch to losartan and return for recheck w/ labs in 2 weeks

3. Family history of bicuspid aortic valve

Obtain TTE

- TRANSTHORACIC ECHOCARDIOGRAM (TTE) COMPLETE (CONTRAST/BUBBLE/3D PRN); Future
- PRIMARY CARE FOLLOW UP VISIT; Future

RTC 2 weeks or sooner as needed.

He demonstrated understanding of my recommendations and agreed to the above plan.

Sarah Lagedrost, MD

Authenticated/Electronically Signed by Lagedrost, Sarah, MD on 05/11/21 1654