MAXIMUS Federal Services

Case Number:	CM13-0030548		
Date Assigned:	03/21/2014	Date of Injury:	01/19/1994
Decision Date:	04/30/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/30/2013

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. The expert reviewer is Board Certified in Internal Medicine has a subspecialty in Pulmonary Diseases 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 79-year-old male who reported an injury on 01/19/1994. The mechanism of injury was not provided for review. The patient's most recent clinical evaluation documented that the patient had a history significant for hypertension. It was noted that the patient did suffer from occasional dizzy spells. The patient's blood pressure reading at the time of evaluation was measured at 130/80 with a carotid assessment within normal limits. The clinical documentation did include a carotid report from 11/2010 that documented there was no significant atherosclerotic plaque identified and that the carotid arteries were patent. A nuclear cardiology test noted that the patient had an ejection fracture of 62% which is considered within normal limits. Patient underwent a multistage stress treadmill test in 10/2010 that documented the patient had good exercise capacity for the documented age with normal responses to stress and exercises. The patient underwent an echocardiogram in 03/2009 that documented the patient had an ejection fracture of less than 60%, a normal left atrium and the patient's valves intact with normal regurgitation. Request was made for a myocardial perfusion study.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myocardial perfusion study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Zipes: Braunwald's Heart Disease: Textbook of Cardiovascular Medicine, 7th Edition.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hendel RC, Cerqueira M, Douglas PS, et al. A Multicenter Assessment of the Use of Single-Photon Emission Computed Tomography Myocardial Perfusion Imaging With Appropriateness Criteria. J Am Coll Cardiol.

Decision rationale: The requested myocardial perfusion study is not medically necessary or appropriate. Peer reviewed literature from the Journal of the American College of Cardiology recommend that the clinical indications for this type of testing are for patients with a history of heart disease that are unable to exercise or have an uninterpretable electrocardiogram for patients who have a history of chest pain with the possibility of cardiac disease. The patient's most recent clinical evaluation does document that the patient has occasional dizzy spells with a history of hypertension. However, there has not been a significant change in the patient's clinical presentation since the patient's prior studies. Additionally, there is no documentation that the patient is unable to exercise or has had a recent uninterpretable electrocardiogram. Therefore, the need for this type of testing is not clearly established. As such, the requested myocardial perfusion study is not medically necessary or appropriate.