MAXIMUS Federal Services

Case Number:	CM13-0041594		
Date Assigned:	12/20/2013	Date of Injury:	08/30/2000
Decision Date:	03/06/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she 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 New York. 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 physician 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 67 year old male with a date of injury of 08/30/2000. He has a history of hypertension, diabetes, osteoarthritis and obesity. In 2005 he had a normal echocardiogram. He had a persantine stress test in 07/2013. Although there was an area of mild ischemia, he was cleared for knee surgery. The left ventricular ejection fraction was normal. On 08/12/2013 the O2 saturation on room air was 95%. The blood pressure was 130/80 and the pulse was 69/min. His current medication includes Metformin, Cozaar, Cardizem CD, Advair, Simvastatin and ASA. Blood pressure was 140/80. EKG revealed sinus rhythm, normal axis and was unchanged. He has right knee osteoarthritis. On 10/10/2013 a right knee replacement was recommended. The same day there was a request for a sleep study and a persantine exercise study. Both were denied on 10/17/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Persantine test: 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: A Textbook of Cardiovascular Medicine, 7th ed., Saunders, An Imprint of Elsevier p. 261

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principles of Internal Medicine, 18th Edition. 2011

Decision rationale: According to the medical records provided for review, in 07/2013 the patient had a stress test and was cleared for surgery. Since it was already done on 07/19/2013, the request for a persantine test is not medically necessary and appropriate.

Sleep study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, and the AMA Guides (5th Ed)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Kryger MH, Roth T, Dement WC. Principles and Practice of Sleep Medicine, 5th Edition. 2011

Decision rationale: The requested diagnostic polysomnogram (sleep study) is not medically necessary since there is no documentation of hypersomnia, Mallampati score, witnessed apnea, snoring, an elevated Epworth Sleepiness score or abnormal oropharyngeal anatomy. According to the medical records provided for review, the patient did not have a sleep medicine history or examination. There is insufficient documentation to substantiate the medical necessity of a sleep study. The request is not medically necessary and appropriate.