

<b>Case Number:</b>	CM13-0053108		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/28/2001
<b>Decision Date:</b>	03/10/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 Family Practice and is licensed to practice in Utah. 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 58 year old male. The patient is status post coronary artery bypass graft. The patient has been diagnosed with atrial fibrillation, sick sinus syndrome, arrhythmia, status post CABG, hypertension, prior coronary stenting, actinic keratosis, solar elastosis, basal cell carcinoma, and diabetes mellitus. The physician's progress notes in the clinical documents are limited. There is a lack of Operative Reports and/or Pathology reports in the clinical documents. There is a lack of Cardiac Rehab progress notes in the clinical documents. It is unclear how the patient progressed in the cardiac rehabilitation and unclear of how many sessions were attended. The request is for other forms of aerobic exercise.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Request for other forms of aerobic exercise:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cardiac Rehabilitation and Secondary Prevention of Coronary Heart Disease by Leon, A S et al.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15.

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. MTUS guidelines state the following regarding exercise and rehabilitation after coronary stenting: Postsurgical treatment: 36 visits over 18 weeks. \*Postsurgical physical medicine treatment period: 6 months. The patient has been approved for cardiac rehab. It is not clear at this time, what the prescribing physician's definition of other forms of aerobic exercise is. According to the clinical documentation provided and current MTUS guidelines, all other forms of aerobic exercise, as requested, is not indicated a medical necessity to the patient at this time