MAXIMUS Federal Services

Case Number:	CM13-0061765		
Date Assigned:	12/30/2013	Date of Injury:	10/12/2006
Decision Date:	04/03/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/05/2013

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 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 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 66-year-old who reported an injury on 10/12/2006. The mechanism of injury is not specifically stated. The patient is diagnosed with complete heart block, atrial fibrillation, atrial flutter, erectile dysfunction, and chest pain. The patient was seen by [redacted] on 10/17/2013. The patient reported 4 brief episodes of sudden onset left-sided chest pain. Physical examination revealed blood pressure of 117/82, heart rate of 70, negative JVD, regular heart rate with variable S1, paradoxically split S2, and no S3. Physical examination revealed blood pressure of 117/82, heart rate of 70, negative JVD (jugular-venous detention), regular heart rate with variable S1, paradoxically split S2, and no S3. The patient's 12 lead electrocardiogram revealed ventricular pacing with atrial fibrillation as an underlying rhythm. Treatment recommendations included a PET (positron emission tomography) stress test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cardiac PET (positron emission tomography) stress test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.NCBI.nim.nih.gov

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the U.S. National Library of Medicine, U.S. Department of Health and Human Services National Institutes of Health, Updated: 26 February 2014

Decision rationale: A heart PET scan can tell your physician whether areas of the heart muscle are receiving enough blood, if there is heart damage, or if scar tissue exists. It is often used when other tests, such as an echocardiogram and cardiac stress test do not provide enough information. As per the documentation submitted, there is no evidence of this patient's previous completion of an echocardiogram or cardiac tress test prior to the request for a PET scan. Given that this procedure is not a first line diagnostic test, the current request cannot be determined as medically appropriate. The request for a cardiac PET stress test is not medically necessary or appropriate.