

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0159913 | | |
| Date Assigned: | 10/03/2014 | Date of Injury: | 11/27/2000 |
| Decision Date: | 11/03/2014 | UR Denial Date: | 09/05/2014 |
| Priority: | Standard | Application Received: | 09/29/2014 |

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 Occupational Medicine 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 72-year-old male who has submitted a claim for hypertension, cardiovascular disease, coronary artery disease, atrial flutter, atrial fibrillation, and heart block with placement of a pacemaker associated with an industrial injury date of November 27, 2000. Medical records from 2013 through 2014 were reviewed. A progress note dated 6/25/2014 was available which showed that the patient was asymptomatic. Examination revealed regular pulse of 64, seated blood pressure of 140/90 and 140/90, standing BP of and 130/80 and 120/82, regular heart rhythm without murmurs, clear lungs on auscultation and percussion and absence of edema on the extremities. Resting EKG revealed atrial flutter with a 4:1 block and a rate of 60 rather than atrial fibrillation. Resting echocardiogram dated 6/25/2014 showed continued evidence of concentric left ventricular hypertrophy with inferoseptal akinesis and estimated EF of 65%. There was also left atrial enlargement and no significant valvular dysfunction. Treatment to date has included pacemaker placement, anticoagulation, antihyperlipidemic and antihypertensive medications. A Utilization review from September 5, 2014 denied the request for Treadmill test with stress echocardiogram and echocardiogram because there were no recent medical notes available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Treadmill test with stress echocardiogram: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American College of Cardiology/American Heart Association Guidelines for Exercise Testing: Executive Summary

Decision rationale: The CA MTUS does not specifically address exercise testing. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and the American College of Cardiology (ACC) /American Heart Association (AHA) Guidelines for Exercise Testing was used instead. Guidelines state that in patients with a prior history of coronary artery disease (CAD), conditions for which there is evidence and/or general agreement that a given procedure is useful and effective include: (1) patients undergoing initial evaluation with suspected or known CAD; and (2) patients with suspected or known CAD previously evaluated with significant change in clinical status. In this case, the patient is known to have coronary artery disease. Although records show that the patient had multiple resting echocardiograms in the past, there is no evidence that a treadmill test with stress echocardiogram had already been made. The requested procedure is a reasonable option at this time given that patient has met guideline criterion due to presence of CAD. Therefore, the request for Treadmill test with stress echocardiogram is medically necessary.

Echocardiogram: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American College of Cardiology/American Heart Association Guidelines for the Clinical Application of Echocardiography

Decision rationale: The CA MTUS does not specifically address exercise testing. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and the American College of Cardiology (ACC) /American Heart Association (AHA) Guidelines for the Clinical Application of Echocardiography was used instead. Guidelines state that echocardiographic techniques, at rest and particularly coupled with stress, can be helpful in clinical decision making regarding medical therapies and clinical interventional therapies, in evaluating the results of therapy, in prognostication, and clinical follow-up of patients with known coronary artery disease and new or changing symptoms. In this case, the patient had a request for echocardiogram to be conducted on the next follow up. He is known to have coronary artery disease and records contain an adequate history, physical examination, laboratory exam and imaging results from his prior visit on June 25, 2014. However, according to these notes, the patient was asymptomatic. The patient does not fulfill the criteria given above indicating that the patient must have both known coronary disease and new or changing symptoms. Therefore, the request for echocardiogram is not medically necessary.

