

Case Number:	CM14-0179236		
Date Assigned:	11/03/2014	Date of Injury:	05/11/2007
Decision Date:	12/09/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	10/28/2014

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 Internal 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 injured worker's history of present illness involves a five year history of chronic complicated wound to his right plantar surface. This progress note was dated June 19, 2013 there were no other complaints or concerns at this time. Progress note dated January 18, 2013 indicates the injured worker has an appointment with his cardiologist for medical clearance. It is unclear from the medical record how the atypical chest pain with a resultant cardiac catheterization is in anyway related to the foot injury (with or without diabetes). The cardiologist and primary care physicians do not establish a causal relationship between the two. There was no prior cardiac catheterization report, operative report, preoperative report, cardiology consultation other than the pre-hospital note. There is a detailed list of current medications on page 1199. The problems at the time of the examination June 19, 2013 stated: 56-year-old male patient with history of work injury. The injured worker had a crush injury of his right foot, great toe about five years ago and was diagnosed with diabetes mellitus at that time, which was uncontrolled due to the complications of the injury and diabetes, patient developed a wound on the right foot status post fifth toe amputation, right great toe amputation due to injury. He has had a chronic wound over the ball of his fifth metatarsal for five years with continual drainage. Past medical history is notable for depression, deviated septum, edema, foot amputation, and tinnitus. Past surgical history was coronary artery bypass graft (three vessel). The assessment was notable for diabetic peripheral neuropathy type II uncontrolled, Charcot joint right foot and open wound of the foot. The request is for a repeat cardiac catheterization due to ongoing chest pain for a year.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cardiac catheterization: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bhalja, M. R., & Diez, J. (2012), Clinical Predictors of Slow Coronary Flow in a Cohort of Patients Undergoing Cardiac Catheterization for Evaluation of Chest Pain. Journal of the American College of Cardiology, 59(13S1), E531-E531, The American Heart Association, www.heart.org/HEARTORG/Conditions/HeartAttack/SymptomsDiagnosisofHeartAttack/Cardiac-Catheterization_UCM_451486_Article.jsp

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History And Physical Assessment Page(s): 6.

Decision rationale: Pursuant to the ACC/AHA Guidelines Lines for Coronary Angiography: Executive Summary and Recommendations (see attached link), the cardiac catheterization is not causally related to the initial industrial injury. The guidelines indicate treatment for symptomatic patients should include assessment of severity of angina. The classification of angina provides useful guide for assessment of typical or probable angina. Full details are provided at the attached link. In this case, the bulk of the medical record (2047 pages) involves discussion and treatment of the wound on the injured workers foot. The history of present illness involves a five year history of chronic complicated wound to his right plantar surface. This progress note was dated June 19, 2013 there were no other complaints or concerns at this time. Progress note dated January 18, 2013 indicates the injured worker has an appointment with his cardiologist for medical clearance. It is unclear from the medical record how the atypical chest pain with a resultant cardiac catheterization is in anyway related to the foot injury (with or without diabetes). The cardiologist and primary care physicians do not establish a causal relationship between the two problems. There was no prior cardiac catheterization report, operative report, preoperative report, cardiology consultation other than the pre-hospital note. There is a detailed list of current medications on page 1199. The problems at the time of the examination June 19, 2013 stated: 56-year-old male patient with history of work injury. The injured worker had a crush injury of his right foot, great toe about five years ago and was diagnosed with diabetes mellitus at that time, which was uncontrolled due to the complications of the injury and diabetes, patient developed a wound on the right foot status post fifth toe amputation, right great toe amputation due to injury. He has had a chronic wound over the ball of his fifth metatarsal for five years with continual drainage. Past medical history is notable for depression, deviated septum, edema, foot amputation, and tinnitus. Past surgical history was coronary artery bypass graft (three vessel). The assessment was notable for diabetic peripheral neuropathy type II uncontrolled, Charcot joint right foot and open wound of the foot. There was no discussion of angina, exertional angina or unstable angina. Based on the clinical information in the medical record, there is a lack of documentation supporting the causal relationship of the work injury to the requested Cardiac Catheterization. Consequently, the cardiac catheterization is not causally related to the work injury and not medically necessary.