

<b>Case Number:</b>	CM14-0034926		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	11/07/2012
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 60-year-old female with a history of knee pain. She was diagnosed with left knee degenerative arthritis, hypertension, hypercholesterolemia, hypothyroidism, prior cerebral vascular accident (stroke), and cerebral aneurysm. She was treated with left knee replacement surgery on 12/4/13 prior to which she had required cardiovascular risk assessing for which she saw a cardiologist in 11/2013. Testing included Echo which was normal, and nuclear stress testing which showed no ischemia and was normal. She was seen by her cardiologist again following the surgery on 2/27/14 where she reported taking the following medications: benazepril, levothyroxine, naproxen, Cymbalta, and Voltaren. She was recommended she "watch diet, exercise, weight loss" and get a computed tomography (CT) coronary calcium score as her cholesterol levels were reportedly elevated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT CORONARY CALCIUM SCORE, PER 3/4/14 FORM, QTY: 1.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Coronary CT and the coronary calcium score, the future of ED risk stratification? Fernandez-Friera L1, Garcia-Alvarez A, Guzman G, Garcia MJ.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2010 ACCF/AHA guidelines for assessment of cardiovascular risk in asymptomatic adults: a report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines. (<http://www.ncbi.nlm.nih.gov/pubmed/21098428>).

**Decision rationale:** The MTUS Guidelines are silent on computed tomography (CT) coronary calcium scoring. The 2010 ACCF/AHA (American College of Cardiology Foundation/American Heart Association) Practice Guidelines state that for patients at intermediate risk for heart disease it may be reasonable to order a CT Coronary Calcium test in order to better categorize the patient's risk in order to potentially introduce a more invasive strategy such as adding on medications such as anti-hypertensive, statins, or to justify further invasive testing such as catheterization angiography. In this case, the worker has hypertension and hypercholesterolemia suggesting intermediate risk for coronary disease. The first line therapy for heart disease is dietary intervention, weight loss, and exercise which can be done with or without testing, and has proven to be more effective than medications or other more invasive interventions alone. In the case of this worker, first line therapy is still a high priority and should be exhausted before considering more aggressive testing or therapy to reduce her cardiovascular risk. Therefore, the request for CT coronary calcium score test is not medically necessary.