

Case Number:	CM14-0065715		
Date Assigned:	07/11/2014	Date of Injury:	11/07/2012
Decision Date:	09/26/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/08/2014

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 Orthopedic Surgery, and is licensed to practice in Mississippi. 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 records, presented for review, indicate that this 58 year old male was reportedly injured on November 7, 2012. The mechanism of injury is undisclosed. The diagnosis is clearly an ordinary disease of life degenerative process related to a specific traumatic event. The most recent progress note, dated April 15, 2014, indicated that a recent right heart catheterization revealed aortic stenosis. It was also noted that there was an inguinal hernia. The physical examination demonstrated a hypertensive state (140/83), a crackling sound on the right side long, a 2/6 systolic ejection murmur, with radiation to the carotid. Diagnostic imaging studies objectified no evidence of coronary artery disease, but there was severe aortic stenosis. Previous treatment included dressing the stab wound received. A request was made for aortic valve replacement and was not certified in the preauthorization process on April 29, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aortic Valve Replacement, LOS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation eMedicine article entitled "Aortic Stenosis: Treatment & Medication" (James V Talano, MD, MBA, MM, FACC, FAHA, Director of Cardiovascular Medicine, SWICFT Institute, Bekir Hasan Melek, MD, Assistant Professor of Clinical Medicine, Department of Medicine, Section of Cardiology, Tulane University School of Medicine)The article "Aortic Valve Replacement" -

http://www.medscape.com/viewarticle/466235_40The article "Indications for Aortic Valve Replacement in Aortic Stenosis" - <http://jic.sagepub.com/cgi/content/abstract/22/1/14>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation): Other diseases of endocardium.

Decision rationale: history of cardiovascular disease and a history of previous cardiac arrest. An evaluation documented aortic stenosis and coronary angiography as being performed. Central annular pressure was 132/93 and left ventricular pressure was 164/5. There was a calcific aortic stenosis noted, and no coronary artery disease appreciated. Additional imaging studies identified that there was no enlargement of the heart and cardiac effusion. The clinical evaluation, completed on February 25 2014, noted that the cardiac condition dated back to 2007. It is not clear if there was a history of rheumatic fever or not. As noted in the Official Disability Guidelines (ODG), surgery is reserved for those adults who develop symptoms. While noting that there was a finding of a calcific stenosis, it is not clear if there were specific symptoms relative to this malady. While this is coming out as a function of the compensable event, the records reviewed do not indicate a need for surgical intervention, as there has not been any trial of medications, activity restrictions and other conservative measures. Therefore, based on the clinical information presented for review, there is insufficient evidence to establish the medical necessity for surgical intervention without documentation of more conservative measures to address this ordinary disease of life. Furthermore, the ODG clearly establishes the causality likelihood as zero.