

Case Number:	CM14-0099111		
Date Assigned:	07/28/2014	Date of Injury:	10/01/1995
Decision Date:	10/30/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/27/2014

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 patient is a 67 years old male who was injured on October 11, 1995. The mechanism of injury was accumulative trauma resulting in a heart attack. He has been treated conservatively with physical therapy. His medication history included Zocor, Metoprolol, and Atorvastatin 40mg. The patient underwent coronary bypass graft stenosis x 3 in 1996. There are no diagnostic studies available for review. Progress report dated May 16, 2014 indicates the patient stated that he is doing fine denies any concerns. He had discontinued hydrochlorothiazide because it was causing him to void too much. Objective findings during examination revealed his blood pressure at 130/82; weight 242; and heart rate at 53 beats/min. The patient was diagnosed with abnormal electrocardiogram, complete right bundle branch block, coronary artery diseases, hypertension, GERD, hyperlipidemia, fatigue/ dyspnea on exertion and nicotine dependence and was recommended nuclear stress test. There are no other reports available for review. Prior utilization review dated June 9, 2014 indicated the request for Nuclear Stress Test (Sestamibi) between 6/6/2014 and 7/21/2014 is denied as the medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nuclear Stress Test (Sestamibi) between 6/6/2014 and 7/21/2014: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: <http://www.nlm.nih.gov/medlineplus/ency/article/007201.htm>

Decision rationale: The guidelines recommend myocardial perfusion studies to evaluate for stress-induced ischemia caused by coronary artery disease. The clinical documents show the patient has numerous risk factors including age, hyperlipidemia, hypertension, and known CAD. The clinical notes document that the patient is having progressive shortness of breath and had recent EKG changes. This is a high-risk patient that has symptoms that are typically found in progressive CAD. Not fully evaluating for CAD in this patient could place the patient at high-risk for a significant cardiac event. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.