

Case Number:	CM13-0028404		
Date Assigned:	11/27/2013	Date of Injury:	07/02/1994
Decision Date:	04/01/2015	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/23/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 is a 74 year old male who sustained an industrial injury on 07/02/94. He reports mild symptoms of shortness of breath. Treatments to date include Enhanced External CounterPulsation (EECP) with significant improvement in symptoms. Diagnoses include hypertension, coronary artery disease, and hyperlipidemia. In a progress noted dated 07/15/13 the treating provider states he will recommend EECP. On 09/16/13 Utilization Review non-certified the EECP, citing non-MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Enhanced External Counterpulsation (EECP) X 35 Sessions, 1-hour in length: Upheld

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
<http://my.clevelandclinic.org/services/heart/disorders/coronary-artery-disease/eecp>
[http://www.ajconline.org/article/S0002-9149\(05\)01691-7/abstract](http://www.ajconline.org/article/S0002-9149(05)01691-7/abstract).

Decision rationale: Pursuant to the American Journal of Cardiology, enhanced external counter pulsation (EECP) 35 sessions, one hour in length are not medically necessary. Enhanced external countable station is a noninvasive circulatory assistive device that has emerged as a treatment option for refractory angina and left ventricular dysfunction. For patients who have high risk LV dysfunction, EECP offers an effective, durable therapeutic approach for refractory angina. Decreased engine and improvement in quality of life were maintained at two years, with modest repeat EECP and low major cardiovascular event rates. The Cleveland clinic recommends patients accepted for treatment must undergo 35 hours of EECP therapy, 1 to 2 hours a day, five days a week for seven weeks. In this case, the injured workers working diagnosis is small vessel disease with mild shortness of breath. The medical record was incomplete only containing 30 pages with two progress notes. One was dated April 9, 2013 and the second was dated July 15, 2013. The injured worker has several cardiovascular problems including small vessel disease, artery artery disease and status post angioplasty. Stress test shows global hypoperfusion consistent flow of disease and degenerative graph. There is left ventricular enlargement and right atrial enlargement. EECP offers an effective, durable therapeutic approach for refractory angina. The medical record progress note dated April 9, 2013 shows the injured worker has undergone EECP sessions with significant improvement. The documentation, however, does not state the number of sessions to date. The documentation in the medical record does not provide clinical evidence of angina pectoris. A recent stress test was negative for ischemia. There is no current clinical indication for EECP. Consequently, absent clinical documentation of angina pectoris and/or unstable angina with a negative stress test despite improvements with EECP (according to the documentation of progress note), EECP is not medically necessary. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, enhanced external counter pulsation (EECP) 35 sessions, one hour in length are not medically necessary.