

Case Number:	CM14-0164597		
Date Assigned:	10/20/2014	Date of Injury:	08/26/2003
Decision Date:	01/29/2015	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/07/2014

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 Physical Medicine Rehab 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 underlying date of injury in this case is 08/26/2003. The date of the utilization review under appeal is 09/24/2014. The diagnoses include a cerebrovascular accident, coronary artery disease, myocardial infarction, ventricular tachycardia, and ongoing anticoagulation. On 09/10/2014, the patient was seen in cardiology followup with a history of cerebrovascular accident. The patient's INR measure was noted to be 1.7. The purpose of the visit was simply to check the patient's INR level. Previously on 06/30/2014 the patient was seen in followup and noted to have a history of coronary artery bypass surgery in 2003 as well as a history of a myocardial infarction and congestive heart failure and a history of ventricular tachycardia treated with amiodarone. The patient's work injury was a myocardial infarction while on duty. The patient was noted to be walking 4 miles per day. The treating physician noted that the patient needed DLCO testing while on amiodarone therapy and that, thus, the patient would need this test every 6 months but would not need full pulmonary function test.

IMR ISSUES, DECISIONS AND RATIONALES

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

DLCO w/o full PFTS Q 6 MOS: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pulmonary Updated 7/29/2014 Pulmonary Function Testing

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pulmonary Function Testing and on Other Medical Treatment Guideline or Medical Evidence: FDA Approved Labeling Information for amiodarone

Decision rationale: This request is not specifically discussed in the California Medical Treatment Utilization Schedule. Official Disability Guidelines/Treatment in Workers Compensation/Pulmonary function testing states, "Recommended as indicated." A prior physician review recommended "standard care" of annual EKG and chest x-ray and pulmonary function testing, though it is not clear whether that physician reviewer was able to take into consideration the patient's amiodarone treatment. The treating physician specifically notes that the current request is related to the patient's amiodarone use. FDA approved labeling information for amiodarone discusses in detail that this medication has several potentially fatal toxicities, most notably including pulmonary toxicity. For this reason, the request is supported by the treatment guidelines. This request is medically necessary.