

Case Number:	CM14-0185252		
Date Assigned:	11/13/2014	Date of Injury:	12/31/2012
Decision Date:	03/20/2015	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	11/06/2014

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. 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: 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 48 year old male, who sustained an industrial injury on December 31, 2012. He has reported palpitations. The diagnoses have included aortic valve disorders, essential hypertension, hyperlipidemia, aortic valve stenosis, and bicuspid aortic valve. Treatment to date has included surgery, injections, and medications. Currently, the Injured Worker complains of fatigue, and shortness of breath with exertion. The records indicate a recent echocardiogram on August 5, 2014, reveals an ejection fraction of 64%, peak gradient 50 mmHg with a V-max of 3.4 across the aortic valve. He denies chest pain. Physical findings note a crescendo systolic murmur. The records indicate he can walk for eleven minutes on a treadmill, despite complaints of fatigue. The records note on October 1, 2014, that he has an "asymptomatic murmur which suggests bicuspid aortic valve with moderate stenosis (mean gradient of 31 mmHg and calculated aortic area of 1.4 cm²)". On October 10, 2014, Utilization Review non-certified aortic valve replacement, open heart surgery, and pre-operative laboratory evaluations with chest x-ray, and electrocardiogram, based on non-MTUS guidelines. On November 5, 2014, the injured worker submitted an application for IMR for review of aortic valve replacement, open heart surgery, and pre-operative laboratory evaluations with chest x-ray, and electrocardiogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aortic valve replacement, open heart surgery: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/2369210>, Aortic Valve Repair for Aortic Stenosis in Adults

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2014: Indications for Aortic Valve Surgery

Decision rationale: Aortic valve replacement (AVR) is recommended for symptomatic patients with severe aortic stenosis and decreased systolic opening of a calcified or congenitally stenotic aortic valve, an aortic velocity 4.0 m/sec or greater or mean pressure gradient 40 mm Hg or higher, and symptoms of heart failure, syncope, exertional dyspnea, angina, or presyncope. AVR is recommended for asymptomatic patients with severe aortic stenosis and a left ventricular ejection fraction (LVEF) less than 50% with decreased systolic opening of a calcified aortic valve with an aortic velocity 4.0 m/sec or greater or mean pressure gradient 40 mm Hg or higher. AVR is indicated for patients with severe aortic stenosis who are undergoing cardiac surgery for other indications when there is decreased systolic opening of a calcified aortic valve and an aortic velocity 4.0 m/sec or greater or mean pressure gradient 40 mm Hg or higher. Surgical AVR (SAVR) is recommended in indicated patients with low or intermediate surgical risk; transcatheter AVR (TAVR) is recommended for those with a prohibitive risk for SAVR and a predicted post-TAVR survival greater than 12 months. In this case, the claimant has moderate aortic stenosis by echocardiography with a valve area of 1.6 cm squared. He was able to walk 11 minutes on a treadmill. There is no indication for AVR at this time. Medical necessity for the requested surgery is not established. The requested surgery is not medically necessary.

Associated surgical service: Pre-op labs with CXR, EKG: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.