

Case Number:	CM15-0105080		
Date Assigned:	06/09/2015	Date of Injury:	03/25/1986
Decision Date:	07/10/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/01/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 67-year-old male, who sustained an industrial injury on March 25, 1986. The injured worker was diagnosed as having prior myocardial infarctions three, hypertensive cardiovascular disease controlled, controlled hyperlipidemia, diabetes mellitus, coronary artery disease status post angioplasty and pacemaker insertion without any evidence of ischemia. Treatment to date has included pacemaker placement, angioplasty with stent placement, angiogram, and medication. Currently, the injured worker noted doing quite well, denying any chest pain, shortness of breath, or dizziness. The Treating Physician's report dated May 5, 2015, noted the injured worker had numerous angiograms, which showed basically very stable coronary disease in spite of his chest pain, probably due to a hiatal hernia, with the injured worker noted to have been on Protandim. Physical examination was noted to show a blood pressure of 140/90, noted to have not taken his blood pressure prior to reading. No significant murmurs were noted, with the chest clear, and the extremities without edema, and his diabetes well controlled. A request for authorization was noted to be made on May 12, 2015, for a nuclear cardiac study.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nuclear cardiac study: 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 www.UpToDate.com.

Decision rationale: This 67 year old male has complained of chest pain since date of injury 3/25/86. He has been treated with angioplasty, pacemaker and medications. He has also been diagnosed with hypertension, diabetes and a history of myocardial infarction. The current request is for a nuclear cardiac study. Per the available medical records, the patient has been stable, without acute symptoms. At this time, a nuclear cardiac study is not medically necessary because there is no objective data or adequate provider rationale to support the request.