MAXIMUS Federal Services

Case Number:	CM15-0018967		
Date Assigned:	02/09/2015	Date of Injury:	05/11/1988
Decision Date:	04/21/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/02/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 71-year-old [redacted] employee who has filed a claim for coronary artery disease (CAD) reportedly associated with an industrial injury of May 11, 1988. In a Utilization Review Report dated January 9, 2015, the claims administrator partially approved/conditionally approved a request for cardiac rehabilitation as five sessions of the same. Non-MTUS Guidelines were invoked, despite the fact that the MTUS did address the topic. The claims administrator stated that applicant had undergone a percutaneous coronary angioplasty on December 16, 2014.The applicant's attorney subsequently appealed. On December 6, 2014, the applicant was described as having a history of a remote myocardial infarction. The attending provider stated that the applicant had undergone a percutaneous coronary angioplasty (PTCA) on November 10, 2014, with excellent results, including improved energy and stamina. The applicant no longer had to stop while dancing. Some mild bruising had apparently developed in the groin region at the site of PTCA procedure. The applicant had reportedly quit smoking, it was stated. The applicant's medical history is notable for myocardial infarction, hypertension, liver disease, back pain status post spinal cord stimulator implantation, COPD, obstructive sleep apnea requiring usage of CPAP, and coronary artery disease (CAD). The applicant was asked to stop hydrochlorothiazide and begin losartan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cardiac Rehab phase II: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.cscr.org/what-is-cardiac-rehab.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Yes, the request for cardiac rehabilitation phase 2 was medically necessary, medically appropriate, and indicated here. The request in question appears to represent a request for rehabilitation following a percutaneous coronary angioplasty (PTCA) procedure of November 10, 2014. The Postsurgical Treatment Guidelines in MTUS 9792.24.3 do support a general course of 36 sessions of treatment following a percutaneous coronary angioplasty (PTCA) surgery. While the attending provider's request is somewhat imprecise and does not furnish a specific numbers of visits, providing some cardiac rehabilitation was/is beneficial to providing no rehabilitation, particularly in light of the applicant's various comorbidities in addition to issues with coronary artery disease, including hypertension, obstructive sleep apnea, dyslipidemia, COPD, history of myocardial infarction, etc. Outpatient cardiac rehabilitation was indicated following the PTCA procedure in question. Therefore, the request was medically necessary.