

Case Number:	CM15-0142348		
Date Assigned:	08/03/2015	Date of Injury:	06/07/1999
Decision Date:	08/28/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/22/2015

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: 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 60 year old female, who sustained an industrial injury on 6-7-99. The injured worker has complaints of chest pain associated with dyspnea. Past medical history included hypertension; diastolic congestive heart failure; migraine and anxiety. The documentation noted that the injured worker had a history of a stroke in 2013 and was admitted to critical care unit with chest pain and positive stress test. The diagnoses have included coronary atherosclerosis of native coronary artery. Treatment to date has included magnetic resonance imaging (MRI) of the brain in February 2013 and was told that she had a right hemispheric stroke; magnetic resonance of the head on 2-14-13 was normal; norco; nitrostat; wellbutrin; ibuprofen and ranexa. The request was for cardiac rehab, 36 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cardiac rehab, 36 sessions: 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://www.aetna.com/cpb/medical/data/1_99/0021.html.

Decision rationale: Pursuant to the Aetna Clinical Policy Bulletin, cardiac rehabilitation, 36 sessions is not medically necessary. Aetna considers outpatient cardiac rehabilitation medically necessary according to the criteria set forth by the American College of Physicians, American College of Cardiology and the Agency for Healthcare Research and Quality Health Technology Assessment. Aetna considers medically supervised cardiac rehab medically necessary when individually prescribed by a physician with a 12 month window after: acute myocardial infarction; chronic stable angina unresponsive to medical therapy; coronary artery bypass grafting; heart transplantation; major luminary surgery or great vessel surgery; percutaneous coronary vessel remodeling (angioplasty, atherectomy, stenting; placement of ventricular assistive device; sustained ventricular tachycardia or fibrillation with survivors of sudden cardiac death; valve replacement or repair; stable congestive heart failure with ejection fraction of 35% or less. Aetna considers cardiac rehabilitation experimental and investigational for all other indications. In this case, the injured worker's working diagnoses are coronary atherosclerosis of native coronary artery; chronic diastolic heart failure NYHA class II; benign hypertensive heart disease with heart failure; other dyspnea and respiratory abnormality; and dizziness. The injury is June 7, 1999. Request for authorization is June 19, 2015. The injured worker's heart related ailments are followed by an internal medicine treating provider. According to the documentation in the medical record the injured worker was diagnosed with hypertension in 1999. In 2006 the injured worker was diagnosed with hypertensive heart disease with diastolic congestive heart failure. An EKG was read as normal sinus rhythm otherwise normal (2006). An echocardiogram from May 2014 showed an ejection fraction of 70%, no significant valvular heart disease and no significant change since the March 2012 echocardiogram. The injured worker was hospitalized with an abnormal/positive stress test on May 15, 2015. The coronary angiogram showed a 10% left main lesion with no other significant obstructive lesions. There was no stent placed. The injured worker was discharged May 19, 2015. The guidelines recommend cardiac rehabilitation with percutaneous coronary vessel remodeling, chronic stable angina unresponsive to medical therapy and acute myocardial infarction (see additional recommendations above). The injured worker does not have coronary stenting, chronic stable angina unresponsive to medical therapy or an acute myocardial infarction. Cardiac rehabilitation is not clinically indicated. Based on the clinical facts in the medical record and the peer-reviewed evidence-based guidelines (Aetna Clinical Policy Bulletin), cardiac rehabilitation, 36 sessions is not medically necessary.