

<b>Case Number:</b>	CM15-0165277		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	10/16/1994
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	08/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 64 year old female, who sustained an industrial injury on October 16, 1994. The initial symptoms reported by the injured worker are unknown. The injured worker was diagnosed as having coronary artery disease and hyperlipidemia. On April 6, 2015, the injured worker complained of chest pressure. She was noted to have some intermittent swelling. The treatment plan included medication and continued medical treatment for secondary prevention. A request was made for a left heart catheterization.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left heart catheterization:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MD Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cardiac Catheterization in Patients with Acute Coronary Syndrome Am Fam Physician. 2008 Nov 15; 78 (10) Online.

**Decision rationale:** According to guidelines, heart catheterization is indicated for those with acute coronary syndrome and in those with high risk factors. In this case, the claimant had a CABG and age 64 with chest pain and swelling. The request for catheterization is appropriate and medically necessary.