

Case Number:	CM15-0166615		
Date Assigned:	09/04/2015	Date of Injury:	05/14/2009
Decision Date:	10/06/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	08/25/2015

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:

This 55 year old male sustained an industrial injury on 5-14-09. In an agreed medical evaluation dated 1-15-10, the physician indicated that the injured worker had been diagnosed with hypertension in the late 1980's, treated with medications. Echocardiogram (1-26-10) showed mild concentric left ventricular hypertrophy. In a progress note dated 7-21-15, the physician noted that the injured worker had been worked up cardiologically for two and a half years. Past medical history was significant for hypertension, gastroesophageal reflux disease, papilloma treated with chemotherapy and radiation, left hip labral tear status post surgical repair and status post left rotator cuff surgery. Physical exam was remarkable for lungs clear to auscultation, heart with a systolic murmur, carotids with no bruits and extremities without edema. The injured worker had lost two pounds but was still overweight. Blood pressure was 126 over 80 mmHg, pulse 56 beats per minute. Electrocardiogram showed sinus bradycardia. Current diagnoses included hypertension. The treatment plan included requesting authorization for ultrasound of the thyroid, echocardiogram, and carotid ultrasound, venous arterial scan of the lower extremities, stress test and a Holter monitor.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stress test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin: Cardiopulmonary Exercise Testing, Number 0825.

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 55 year old male has complained of left hip pain, hypertension, acid reflux and shoulder pain since date of injury 5/14/2009. He has been treated with surgery, physical therapy and medications. The current request is for a cardiac stress test. Cardiac stress testing is indicated to evaluate cardiac versus pulmonary etiologies of exercise induced symptoms. The available medical records do not contain adequate documentation of cardiac or pulmonary symptomatology or diagnoses that would support the medical necessity of cardiac stress testing. On the basis of the available medical records and per the guidelines cited above, cardiac stress testing is not indicated as medically necessary.

One ABI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website www.aetna.com/cpb/medical/data/300_399/0381.html.

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 55 year old male has complained of left hip pain, hypertension, acid reflux and shoulder pain since date of injury 5/14/2009. He has been treated with surgery, physical therapy and medications. The current request is for one ankle brachial index. Ankle brachial index testing is used to identify subclinical atherosclerosis. The available medical records do not adequately document symptomatology of atherosclerosis or diagnoses of atherosclerosis. On the basis of the available medical documentation and per the guidelines cited above, one ankle brachial index test is not indicated as medically necessary.

One Holter monitor: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin: Cardiac Event Monitors.

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 55 year old male has complained of left hip pain, hypertension, acid reflux and shoulder pain since date of injury 5/14/2009. He has been treated with surgery, physical therapy and medications. The current request is for one holter monitor. Holter monitor testing is used in the evaluation of pre-syncope, syncope, palpitations or dizziness

when cardiac arrhythmia is suspected as causative. The available medical records do not contain documentation of any of these diagnoses, nor are there objective findings documented that could be consistent with these diagnoses. On the basis of the available medical records and per the guidelines cited above, one holter monitor is not indicated as medically necessary.