

<b>Case Number:</b>	CM15-0169406		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	06/12/2014
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	07/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 is a 46 year old female with a date of injury on 6-12-2014. A review of the medical records indicates that the injured worker is undergoing treatment for obesity, fatty liver, impingement of shoulder region, tear of medial cartilage or meniscus of knee and contusion of hip. Medical records (6-18-2015 to 7-16-2015) indicate ongoing left shoulder pain. Per the 7-16-2015 report, the injured worker was awaiting surgery to be performed at a hospital. She was in the middle of a cardiology evaluation and had not yet been cleared for surgery. She also complained of left knee pain, swelling and catching. Per the cardiology consult dated 7-14-2015, the injured worker had a history of hypertension and obesity and was being seen for cardiac clearance. She denied dizziness, shortness of breath and palpitations. Review of systems revealed hormone problems, thyroid disorders, back pain and joint pain. It was noted that hemoglobin A1C was elevated. The physical exam (7-14-2015) reveals a healthy general appearance. Heart rate was regular. There was no lower extremity edema. Treatment has included physical therapy, a subacromial cortisone injection and pain medications. The original Utilization Review (UR) (7-23-2015) non-certified a request for an outpatient nuclear stress test (Lexi scan). Utilization Review certified a request for a follow up office visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient nuclear stress test (Lexi scan):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National Library of Medicine.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2014 ACC/AHA Guideline on Perioperative Cardiovascular Evaluation and Management of Patients Undergoing Non-cardiac Surgery.

**Decision rationale:** Based on the 7/14/15 progress report provided by the treating physician, this patient presents with left knee pain. The treater has asked for Outpatient Nuclear Stress Test (Lexi Scan) On 7/14/15. The patient's diagnoses per request for authorization dated 7/15/15 are pre-operative cardiovascular examination. The patient has a history of hypertension and obesity, and is obtaining pre-operative clearance for left rotator cuff injury and left knee meniscar tear per 7/14/15 report. The patient was very active before the injury per 7/14/15 report. The patient's work status is modified duty with no lifting/pushing/pulling over 10 pounds, no walking/standing over 3 hours in 8-hour day per 7/7/15 report. 2014 ACC/AHA Guideline on Perioperative Cardiovascular Evaluation and Management of Patients Undergoing Non-cardiac Surgery: Executive Summary, Journal of the American College of Cardiology (2014), doi: 10.1016/j.jacc.2014.07.945. 4.4. Non-invasive Pharmacological Stress Testing Before Non-cardiac Surgery Class IIa 1. It is reasonable for patients who are at an elevated risk for non-cardiac surgery and have poor functional capacity (<4 METS) to undergo noninvasive pharmacological stress testing (either dobutamine stress echocardiogram or pharmacological stress myocardial perfusion imaging) if it will change management (89-93). (Level of Evidence: B) Class III: No Benefit: 1. Routine screening with noninvasive stress testing is not useful for patients undergoing low-risk non-cardiac surgery (88, 94). (Level of Evidence: B) In regards to this request, the patient has a history of hypertension and obesity, and is obtaining clearance for a surgical intervention. The cardiologist recommended the pharmacologic cardiac stress test. The patient's HTN is apparently under control and no documentation of active cardiac disease such as CHD or others. However, ACC/AHA guidelines do support the use of pharmacological stress testing for non-cardiac surgery if the patient is at an elevated risk with poor functional capacity, less than 4 METS. The patient may qualify for this given the obesity and other medical issues. The request is medically necessary.