

Case Number:	CM15-0182263		
Date Assigned:	09/30/2015	Date of Injury:	03/01/1996
Decision Date:	11/16/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/16/2015

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 79-year-old who has filed a claim for coronary artery disease (CAD) and hypertension (HTN) reportedly associated with an industrial injury of March 1, 1996. In a Utilization Review report dated August 19, 2015, the claims administrator failed to approve requests for EKG testing and one to two follow up visits. The claims administrator stated that its decision was based on "2010." MTUS Guidelines and non-MTUS ODG Guidelines, but did not incorporate the same into its rationale. The claims administrator referenced an RFA form dated April 14, 2015 and an order form dated August 19, 2015 in its determination. The applicant's attorney subsequently appealed. On a medical legal evaluation dated January 5, 1998, the applicant was described as having developed issues with coronary artery disease. The applicant was status post shoulder surgery, it was reported. The applicant reported intermittent, episodic burning chest pain, seemingly attributed to reflux. The applicant also reported episodic issues with shortness of breath. The applicant's medication list included Cardizem, Ecotrin, Zantac, and Zocor, it was reported. The applicant had a 20-pack-year history of smoking, it was acknowledged. The applicant had carried various diagnoses, including coronary artery disease status post earlier percutaneous coronary angioplasty, it was reported. The applicant was described as having returned to his usual and customary work as an electrician. On an RFA form dated April 14, 2015, a Holter monitoring study, EKG testing, and one to two follow-up visits were endorsed to the stated diagnoses of coronary artery disease (CAD), hypertension, and history of stenting. No clinical progress notes were seemingly attached. Nuclear medicine testing dated April 1, 2014 was notable for commentary that the applicant had well preserved ejection of 70%, with a small area of infarction present about the inferior myocardial wall.

IMR ISSUES, DECISIONS AND RATIONALES

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

EKG: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://emedicine.medscape.com/article/1894014-overview> Electrocardiography
Author: Ethan Levine, DO; Chief Editor: Richard A Lange, MD, MBA.

Decision rationale: Yes, the request for an EKG was medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic. However, Medscape's electrocardiography article notes that usage of EKG testing is now routine in the evaluation of applicants with suspected myocardial injury, ischemia, and/or the presence of prior infarction. Here, the applicant was described as having a history of prior infarction noted on nuclear medicine of April 1, 2014. It appears that the applicant was following up with his cardiologist and/or cardiovascular surgeon on or around the date of request. Obtaining EKG testing in question was, thus, indicated to detect the presence of the prior infarction, per Medscape. Therefore, the request was medically necessary.

One to two follow-up visits: Overturned

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: Similarly, the request for one to two follow-up visits was likewise medically necessary, medically appropriate, and indicated here. The request seemingly represented a request for follow-up visits with the applicant's cardiologist. As noted in the MTUS Guideline in ACOEM Chapter 5, page 79, frequent follow-up visits are often warranted even in those applicants whose conditions are not expected to change appreciably from week to week or visit to visit. Here, the applicant was described as having established issues with coronary artery disease status post myocardial infarction. Obtaining follow-up visits with the applicant's cardiologist was, thus, indicated to manage and/or evaluate the same. Therefore, the request was medically necessary.