

<b>Case Number:</b>	CM15-0202743		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	06/16/1994
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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 78 year old male, who sustained an industrial injury on 6-16-1994. The injured worker is undergoing treatment for angina, coronary artery disease (CAD), dizziness, hypercholesterolemia, mitral regurgitation and peripheral artery disease. Medical records dated 9-3-2015 indicate the injured worker complains of chronic back pain, dizziness and chest pain (resolved). Physical exam dated 9-3-2015 notes heart murmur. Treatment to date has included cardiac stenting (5-1995 and 8-19-2015), medication, labs, electrocardiogram (EKG), and cardiac catheterization. In a cardiology letter dated 9-9-2015 the treating physician indicates "he now appears to be at low risk of resuming his cardiac rehabilitation activities from cardiology standpoint. I would like to refer him to aquatic physical therapy as his ambulation is limited, and for 36 sessions or as limited-dictated by insurance coverage." The original utilization review dated 9-18-2015 indicates the request for aquatic therapy for cardiac rehabilitation 36 visits is modified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy for cardiac rehabilitation 36 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy, and Postsurgical Treatment 2009, Section(s): Low Back.

**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](http://www.aetna.com/cpb/medical/data/1_99/0021.html).

**Decision rationale:** Pursuant to Aetna Clinical Policy Bulletin: cardiac rehabilitation, aquatic therapy for cardiac rehabilitation 36 visits is not medically necessary. The Clinical Policy Bulletin considers cardiac rehabilitation medically necessary according to the following criteria within a 12 month window after any of the following: acute myocardial infarction; chronic stable angina unresponsive to medical therapy; coronary artery bypass grafting; heart transplantation or heart-lung transplantation; major pulmonary surgery; percutaneous coronary vessel remodeling; placement of ventricular assist device; valve replacement; sustained ventricular tachycardia or fibrillation or survivors of sudden cardiac death; stable congestive heart failure with ejection fraction of 35% or less. See the guidelines for additional details. Program Description for High- Risk Members: 36 sessions (e.g., 3 times per week for 12 weeks) of supervised exercise with continuous telemetry monitoring. Program Description for Intermediate-Risk Members: 24 sessions or less of exercise training without continuous ECG monitoring (see exit criteria below, as some members may only require fewer than 3 weekly visits and/or less than 8 weeks). Geared to define an ongoing exercise program that is "self-administered." Low-risk members have exercise test limited to greater than 9 METS Program Description for Low-Risk Members: 6 1- hour sessions involving risk factor reduction education and supervised exercise to show safety and define a home program (e.g., 3 times per week for a total of 2 weeks or 2 sessions per week for 3 weeks). In this case, the injured worker's working diagnoses are angina pectoris resolved after stent placement August 19, 2015; myocardial ischemia resolved; mitral regurgitation; peripheral arterial disease; hyperlipidemia; and hypercholesterolemia. Date of injury is June 16, 1994. Request authorization is September 16, 2015. According to an August 21, 2015 cardiology progress note, the injured worker has a history of hypertension, elevated lipids, coronary artery disease, status post percutaneous intervention, RCA stent placed August 19, 2015 with prior stents placed in 1995. According to a September 3, 2015 progress note, the injured worker's chest pain is resolved. There are no palpitations and the injured worker complains of chronic low back pain. The treating provider is requesting aquatic therapy for cardiac rehab 36 visits. The request is unclear. The injured worker underwent percutaneous coronary intervention August 2015. The treatment plan states the injured worker is to attend intermediate cardiac rehab. According to intermediate risk criteria, 24 sessions or less of exercise training without continuous EKG monitoring is indicated. The treating provider has requested 36 sessions of aquatic therapy for cardiac rehab. This is an excessive number of aquatic therapy sessions. Additionally, the request is unclear because the treating provider has requested aquatic therapy for cardiac rehab 36 sessions. The documentation /treatment plan does not contain a discussion, indication or rationale for aquatic therapy for cardiac rehabilitation. The documentation contains a request for cardiac rehab. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation in the cardiologist treatment plan with a clinical discussion, indication or rationale for aquatic therapy for cardiac rehab, aquatic therapy for cardiac rehabilitation 36 visits is not medically necessary.