

Case Number:	CM15-0027481		
Date Assigned:	02/19/2015	Date of Injury:	08/05/2002
Decision Date:	04/07/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/13/2015

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:

The injured worker is a 63 year old male, who sustained an industrial injury on August 5, 2002. The diagnoses have included dyspnea, obesity, aortic valve regurgitation, mild with clinical suspicion of bicuspid aortic valve, coronary artery disease, chest pain, status post DES stent in proximal LAD for in-stent restenosis of bare metal stent in past, hyperlipidemia, hypertension, and bruit. Treatment to date has included cardiac stent placement, cardiac catheterization, and medication. Currently, the injured worker complains of mild palpitations, and intermittent chest discomfort. The Treating Physician's report dated October 1, 2014, noted the injured worker had no significant angina or hear failure symptoms. Physical examination was noted to show the lungs clear to auscultation with cardiac evaluation noting a regular rhythm, systolic murmur with no gallops or rubs detected. On January 27, 2015, the injured worker was seen by the Treating Physician for recurrent episodes of intermittent chest discomfort and one episode of prolonged rest discomfort lasting for twenty minutes. The Physician noted the injured worker would undergo exercise perfusion study. On January 13, 2015, Utilization Review non-certified Physician visits (three visits) and EKG (QTY: 3), noting modified approval for one Physician's visit and one EKG, for the injured worker with chronic coronary artery disease and hypertension. The MTUS American College of Occupational and Environmental Medicine (ACOEM) Guidelines and non-MTUS guidelines were cited. On February 13, 2015, the injured worker submitted an application for IMR for review of Physician visits (three visits) and EKG (QTY: 3).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physician Visit (3 visits): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2nd Edition, 2004, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341.

Decision rationale: This patient presents with chest pain and mild palpitation. The treater is requesting PHYSICIAN VISITS, 3 VISITS. The RFA dated 12/30/2014 shows a request for doctor visits #3. The patient's date of injury is from 08/05/2012, and his current work status was not made available. The ACOEM Guidelines page 341 supports orthopedic follow-up evaluations every 3 to 5 days whether in-person or telephone. The report making the request was not made available. The UR dated 01/13/2015 modified the request to 1 visit. In this case, the ACOEM Guidelines support evaluations every 3 to 5 days, and the request is appropriate given the patient's symptoms. The request IS medically necessary.

EKG (3 quantity): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2nd Edition, 2004, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back chapter on pre-operative electrocardiogram.

Decision rationale: This patient presents with chest pain and mild palpitation. The treater is requesting EKG #3. The RFA dated 12/30/2014 shows a request for EKG #3. The patient's date of injury is from 08/05/2012, and his current work status was not made available. The MTUS and ACOEM Guidelines do not address this request. However, the ODG Guidelines under the Low Back chapter on pre-operative electrocardiogram (ECG) states, "Recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography." The report making the request was not made available. The records show that the patient had an EKG in March 2009 and November of 2012. However, these reports were not made available for review. The 01/27/2015 report notes that the patient has a history of hyperlipidemia, hypertension, angina, and aortic valve regurgitation. While the patient does have a history of cardiovascular disease, and an EKG is appropriate, the request for 3 tests was not justified in the documentation provided. The request IS NOT medically necessary.