

Case Number:	CM15-0211721		
Date Assigned:	11/05/2015	Date of Injury:	07/05/1994
Decision Date:	12/16/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/27/2015

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: 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 74 year old male, who sustained an industrial injury on 7-5-1994. Medical records indicate the worker is undergoing treatment for aortic valve stenosis, coronary artery disease, hypertension and left hip degenerative disease. A recent progress report dated 8-25-2015, reported the injured worker for follow-up of aortic stenosis and coronary artery disease with physician plans for aortic valve replacement. Treatment to date has included medication management. The injured worker has been approved for an aortic valve replacement and the physician is requesting Microflow aortic pericardial heart valve (model DL) with phospholipid reduction treatment post approval study. On 9-29-2015, the Utilization Review noncertified the request for Microflow aortic pericardial heart valve (model DL) with phospholipid reduction treatment post approval study.

IMR ISSUES, DECISIONS AND RATIONALES

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

Microflow aortic pericardial heart valve (model DL) with phospholipid reduction treatment post approval study: Upheld

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

<http://www.fda.gov/MedicalDevices/DevicesRegulationandGuidance/GuidanceDocuments/ucm070974.htm>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up to date topic 8143 and version 12.0.

Decision rationale: Different valve replacements are recommended depending on the patient's particular circumstances. A mechanical prosthesis is appropriate for surgical aortic valve replacement or mitral valve replacement in patients younger than 65 years old who have no contraindication to anticoagulation. A bioprosthetic valve is indicated in patients greater than 70 years old and have a life expectancy lower than the expected durability of the bioprosthesis. Either a bioprosthetic or mechanical valve is suggested for patients between 65 and 70 years old. A bioprosthetic valve is recommended in patients of any age who cannot tolerate anticoagulant therapy. The standard of care is either a bioprosthetic or mechanical valve. There is no reason to treat the patient with a procedure that would require a special study protocol and new methods relating to aortic valve replacement. Therefore, the UR decision is supported. Therefore, the requested treatment is not medically necessary.