

<b>Case Number:</b>	CM15-0222113		
<b>Date Assigned:</b>	11/17/2015	<b>Date of Injury:</b>	04/27/2004
<b>Decision Date:</b>	12/24/2015	<b>UR Denial Date:</b>	10/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2015

### 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: 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:

This injured worker is a 67 year old male who reported an industrial injury on 4-27-2004. His diagnoses, and or impressions, were noted to include diabetes; severe hypertension; congestive heart failure (CHF); cardiomegaly; vitamin D deficiency; and an old myocardial infarction (MI). No imaging studies were noted; diagnostic duplex exam arterial and venous studies were done on 5-19-2015; a stress echocardiogram examination was done on 8-5-2015. His treatments were noted to include diagnostic laboratories; EECP treatments for his heart condition (9-28-15, 9-29-15, 10-2-15 & 10-5-15); and medication management to include Vitamin D and other supplements. The progress notes of 10-8-2015 reported complaints, which included cardiomyopathies and hypertension, with shortness of breath with activity, dyspnea on exertion, and fatigue. The objective findings were noted to include no acute distress, and an irregular heart rhythm. The physician's requests for treatment were noted to include EECP. The 8-27- 2015 letter from the cardiologist noted a request for an extension on 35, previously authorized, EECP treatments, already extended until 7-24-2015. The 10-20-2015 letter from the cardiologist noted a request to have a retro-authorization for 7 EECP treatments that were rendered starting on 9-28-2015, and for 28 EECP treatments, for a total of 35 treatments with a 90 day window to complete. The Request for Authorization, dated 10-14-2015, was noted to request a retro-authorization for 7 EECP treatments that started on 9-28-2015, and authorization on 28 EECP treatments. The Utilization Review of 10-26-2015 non-certified the retrospective request for EECP, external - treatments.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: EECP; external counterpulsation, #7 treatments (DOS 09/28/2015): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2014 ACC/AHA/AATS/PCNA/SCAI/STS Focused Update of the Guideline for the Diagnosis and Management of Patients with Stable Ischemic Heart Disease.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2014 External Counterpulsation Therapy (ECP).

**Decision rationale:** External counterpulsation therapy (ECP) is a procedure performed on individuals with angina or heart failure or cardiomyopathy in order to diminish symptoms of ischemia, improve functional capacity and quality of life. In various studies, ECP has been shown to relieve angina, and decrease the degree of ischemia in a cardiac stress test. In some small studies among congestive heart failure (CHF) patients completing a full course of enhanced external counterpulsation (EECP) therapy, the unconventional treatment is associated with significant improvement in angina class, reduced MACE rates, and fewer CHF exacerbations at one-year compared with those patients completing an abbreviated course of treatment. In this case the patient's most recent stress echo 8/15 revealed no ischemia and normal LV function and arterial studies of the lower extremities obtained 8/15/ were normal. There was no documentation indicating the patient had significant cardiac disease not amenable to standard medical or interventional (PCI/CABG) therapy. Medical necessity for the requested ECP therapy was not established. The requested therapy is not medically necessary.

**EECP; external counterpulsation, #28 treatments: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2014 ACC/AHA/AATS/PCNA/SCAI/STS Focused Update of the Guideline for the Diagnosis and Management of Patients with Stable Ischemic Heart Disease.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2014 External Counterpulsation Therapy (ECP).

**Decision rationale:** External counterpulsation therapy (ECP) is a procedure performed on individuals with angina or heart failure or cardiomyopathy in order to diminish symptoms of ischemia, improve functional capacity and quality of life. In various studies, ECP has been shown to relieve angina, and decrease the degree of ischemia in a cardiac stress test. In some small studies among congestive heart failure (CHF) patients completing a full course of enhanced external counterpulsation (EECP) therapy, the unconventional treatment is associated with significant improvement in angina class, reduced MACE rates, and fewer CHF

exacerbations at one-year compared with those patients completing an abbreviated course of treatment. In this case the patient's most recent stress echo 8/15 revealed no ischemia and normal LV function and arterial studies of the lower extremities obtained 8/15/ were normal. There is no documentation indicating the patient has significant cardiac disease not amenable to standard medical or interventional (PCI/CABG) therapy. Medical necessity for ECP therapy is not established. The requested therapy is not medically necessary.