

Case Number:	CM15-0042135		
Date Assigned:	03/12/2015	Date of Injury:	11/19/2010
Decision Date:	04/22/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/05/2015

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, Pulmonary Disease

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 (IW) is a 52 year old male who sustained an industrial injury on 11/19/2010. He reported chronic back pain, and history of pulmonary emboli in 2010 and December 2013. The injured worker was diagnosed as having hypertension. Treatment to date has included anticoagulation, and treatment of blood pressure. A CT of the chest 12/15/2014 was negative for pulmonary embolism and a venous ultrasound of the lower extremities was negative for the presence of DVT. Currently, the injured worker complains of shortness of breath. He was seen in the ED December 2014 for chest pain. The plan of treatment included aggressive management of the hypertension. Cardiac rehabilitation, 16 treatments (chest) was requested for authorization.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cardiac rehabilitation, 16 treatments (chest): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Physical Medicine Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goldman's Cecil Medicine, 24th Edition. Chapter 67 Arterial Hypertension.

Decision rationale: The patient is a 52 year old male with an injury on 11/19/2010. He had chronic back pain. He also had pulmonary embolism in 2010 and 12/2013. On 05/14/2014 he had a negative Cardiolute stress test. In 12/2014 the CT angio was negative. Heart size was normal. He has hypertension. Hypertension is not an indication for cardiac rehab. He can exercise on room air without any formal program. There is no obvious indication for cardiac rehab. The request is not medically necessary.