

<b>Case Number:</b>	CM15-0081074		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	04/19/2012
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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: Family Practice

### 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 62 year old, male who sustained a work related injury on 4/19/12. The diagnoses have included coronary artery disease, history of a stroke, diabetes and high blood pressure. The treatments have included medications. In the PR-2 Orthopedic Evaluation dated 1/15/15, the injured worker complains of left knee pain. There are no cardiac related complaints. The treatment plan is a request for cardiology clearance with a stress test pre-operative for knee surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Stress Cardioliite adenosine:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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.

**Decision rationale:** According to ODG, preoperative testing is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management. In this case, diagnoses have included coronary artery disease, history of a stroke, diabetes and high blood pressure. The injured worker is pending surgery and the request for Stress Cardiolute adenosine is medically necessary and appropriate.

**NM Cardiolute perfusion scan:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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.

**Decision rationale:** According to ODG, preoperative testing is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management. In this case, diagnoses have included coronary artery disease, history of a stroke, diabetes and high blood pressure. The injured worker is pending surgery and the request for NM Cardiolute perfusion scan is medically necessary and appropriate.