MAXIMUS Federal Services

Case Number:	CM14-0214511		
Date Assigned:	01/07/2015	Date of Injury:	06/14/2000
Decision Date:	05/27/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/22/2014

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: Arizona, Texas
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 June 14, 2000. He reported bilateral hip pain radiating to the low back with ambulation, chronic shortness of breath and stress. The injured worker was diagnosed as having coronary artery disease, status post ascending aortic aneurysm, post-surgical phrenic nerve paralysis, hypertension, sleep apnea and chronic obstructive pulmonary disease. Treatment to date has included diagnostic studies, conservative care, surgical intervention of the aneurysm, medications and activity restrictions. Currently, the injured worker complains of bilateral hip pain radiating to the low back with ambulation, chronic shortness of breath and stress. The injured worker reported an industrial injury in 2000, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the symptoms. Evaluation on December 18, 2014, revealed continued symptoms as noted. Cardiovascular diagnostic studies and an office visit were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Office visit: Upheld

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 (ODG) Pain.

Decision rationale: Office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. In this case the patient has known CAD with a history of coronary revascularization via CABG. The patient was last seen by the cardiac specialist on 6/17/14. At this visit the patient does not have any objective or subjective signs of active or uncontrolled CAD. The medication list does not contain any medications that are high risk requiring short term follow-up. The medical necessity of a 6month follow up with the cardiologist is not met. The patient is stable and asymptomatic. Therefore the request is not medically necessary.

Myocardial Perfusion: Upheld

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 UptoDate.com. Role of stress test after coronary revascularization.

Decision rationale: The MTUS is silent regarding the use of cardiac perfusion exams. According to Uptodate.com, in nearly all patients, cardiac stress testing following revascularization should be driven by the presence of symptoms rather than empirically performed. The goal of cardiac stress testing after revascularization is not only to evaluate for restenosis but also to determine the functional status and symptoms of the patient. Routine testing of asymptomatic patient's post-PCI or post-CABG is rarely recommended. In this case the patient has known CAD with a history of coronary revascularization via CABG. The patient was last seen by the cardiac specialist on 6/17/14. At this visit the patient does not have any objective or subjective signs of active or uncontrolled CAD. The medication list does not contain any medications that are high risk requiring short term follow-up. The medical necessity of cardiac stress testing with myocardial perfusion tests is not made. The patient is stable and asymptomatic. Testing of asymptomatic patients is not medically necessary.