

Case Number:	CM15-0012457		
Date Assigned:	02/11/2015	Date of Injury:	06/21/2011
Decision Date:	07/20/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/21/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 37 year old male, who sustained an industrial injury on June 21, 2011. The injured worker reported chest pain and shortness of breath. The injured worker was diagnosed as having hypertension, hyperlipidemia and heart disease with angioplasty. Several documents within the submitted medical records are difficult to decipher. Treatment to date has included angioplasty, electrocardiogram (EKG) and medication. A progress note dated October 13, 2014 provides the injured worker had an electrocardiogram (EKG) with nonspecific changes. There is a request for cardiac consultation and evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation with Cardiologist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8.

Decision rationale: The MTUS Guidelines generally encourage follow up care when needed to maximize the worker's function. Obstructive sleep apnea is a condition that results in people not breathing enough or even stopping breathing while they are asleep. Treatment with positive airway pressure, either continuously (CPAP) or bilevel (BiPAP), while asleep is often helpful. However, this therapy is not always tolerated well. Left untreated, obstructive sleep apnea can result in serious complications over time. Managing the side effects of CPAP therapy and behavioral therapy can be helpful in maintaining adherence with this treatment. The submitted records suggested the worker suffered from significant heart disease with risk factors for worsening, such as high blood pressure. While the documentation did not describe active findings suspicious for worsening disease on 10/13/2014, this is a condition that can slowly worsen without such findings, and periodic monitoring is appropriate. In light of this supportive evidence, the current request for a consultation with a cardiologist is medically necessary.