Case Number:	CM15-0174235		
Date Assigned:	09/16/2015	Date of Injury:	08/15/1979
Decision Date:	10/16/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/03/2015

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: North Carolina
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 79 year old male, who sustained an industrial injury on 8-15-1979. The injured worker was diagnosed as having coronary artery disease, hypercholesterolemia, and hypertension. The request for authorization is for: myocardial perfusion treadmill stress test. The UR dated 8-12-2015: non-certified the request for myocardial perfusion treadmill stress test. On 8-4-2015, he is noted to be doing well and having improvements to fatigue when compared with his previous visits. He reported having blurred vision related to macular degeneration and is noted to be status post cataract surgery on the left. He indicated shortness of breath to be unchanged, and continuing to have postural hypotension. Physical findings revealed a 96 percent oxygen saturation, heart rate of 60, blood pressure 116 over 78, body mass index is 33.2; no murmurs are heard on auscultation of the cardiovascular system, and no abdominal aortic aneurysm is noted to be palpable in the abdomen. The provider noted "the patient remains somewhat overweight but his lipid profile is excellent by report". The provider indicated the injured worker to remain without angina symptoms; however with his medical history and 2 prior coronary bypass procedures the provider felt it was time for evaluation of potential coronary ischemia. The provider noted "in 2011, he was found to have a fixed ischemia in the distribution of the left anterior descending of 9 percent of total myocardium". The treatment and diagnostic testing to date has included: coronary artery bypass grafting.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myocardial perfusion treadmill stress test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.mayoclinic.org/tests-procedures/echocardiogram/basics/why-its-done.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation up-to-date, stress tests.

Decision rationale: The ACOEM and the California MTUS does not address the requested service. The up-to-date medical guidelines states myocardial perfusion stress test are indicate din the evaluation of potential cardiac disease in patients with symptoms suggestive of such disease. In this case the patient has known coronary artery disease with previous intervention. The patient however is not currently symptomatic. His angina and coronary artery disease are classified as stable. Therefore the request is not medically necessary.