MAXIMUS Federal Services

Case Number:	CM15-0027216		
Date Assigned:	02/19/2015	Date of Injury:	08/04/1988
Decision Date:	09/17/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/12/2015

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, Indiana, New York
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 an 87 year old male, who sustained an industrial injury on August 4, 1988. He had a history of ischemic bowel with recurrent cardiac arrhythmias, near syncope, myocardial infarction, left bundle branch block and hypertension. He had cluster shocks for a history of atrial tachycardia and sinus tachycardia. He is scheduled for monthly stress test to determine a threshold for adjustment of the defibrillator, ventricular tachycardia and suppression. He was diagnosed with atrial fibrillation, ventricular tachycardia, chronic systolic heart failure and cerebrovascular accident. Treatment included diuretic medications, beta blocker medications, hypertensive medications, and hypercholesterolemia medications. The treatment plan that was requested for authorization included one treadmill stress test.

IMR ISSUES, DECISIONS AND RATIONALES

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

One treadmill Stress Test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation BMJ Publishing Group, Ltd.; London, England; www.clinicalevidence.com; Section: Cardiovascular Disorders; Condition: Heart Failure.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and physical assessment Page(s): 5-6.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, one treadmill stress test is not medically necessary. Thorough history taking is always important in the clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent on identifying and addressing previously unknown or undocumented medical or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain behavior. The history and physical examination serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and community is not simply for screening purposes. In this case, the injured worker's working diagnoses are atrial fibrillation; CVA; congestive heart failure; and ventricular tachycardia. The date of injury is August 4, 1988. The request for authorization is January 27, 2015. The medical record contains 17 pages and a single progress note dated January 27, 2015. The injured worker has a pacemaker defibrillator in place. Subjectively, the injured worker has had cluster shocks for tachycardia and one for ventricular fibrillation. There is a single progress note (as noted above) in the medical record. There is no documentation with prior cardiac workup including treadmill stress testing. There is no documentation of the last cardiac treadmill stress test. There are insufficient medical records to make a clinical determination for the treadmill stress test. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and insufficient medical records with documentation of prior cardiac workup and timing, one treadmill stress test is not medically necessary.