

<b>Case Number:</b>	CM15-0060854		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	10/15/2001
<b>Decision Date:</b>	06/12/2015	<b>UR Denial Date:</b>	03/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2015

### 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: Internal Medicine, Cardiovascular Disease

### 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 was a year 68 old male, who sustained an industrial injury, October 15, 2001. The injured worker was diagnosed with mechanical heart valve on anticoagulant therapy, left shoulder impingement syndrome, osteochondral defect of the dome of the talus in the left ankle status post-surgery associated with the primary and posttraumatic arthritis, rotator cuff syndrome, osteoarthritis local primary shoulder, traumatic arthropathy shoulder, rotator cuff strain/sprain, shoulder/arm strain/sprain, osteochondritis, osteoarthritis local primary ankle and traumatic arthropathy ankle/foot. According to progress note of July 2, 2014, the injured workers chief complaint was left shoulder and ankle pain. The cardiologist felt the injured worker could safely be off the Coumadin for one week prior to the surgery. Due to the mechanical valve the injured worker should have a cardiac clearance before the surgery can be completed. The treatment plan included a cardiology evaluation for blood thinning medication for left ankle and left shoulder surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cardiology evaluation (in reference to being off blood thinning medication for left ankle and left shoulder surgery): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) last updated 08/22/2014.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state, a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. In this case, it is noted that the injured worker has a mechanical heart valve. The physician has recommended cardiac clearance prior to surgery. However, the physician progress note is dated 07/02/2014, which is over 60 days old. There is no documentation of a recent physician progress note to support the medical necessity for a cardiac evaluation. Without evidence of a current condition to support the necessity for a cardiac evaluation, the current request cannot be determined as medically necessary at this time.