

Case Number:	CM15-0092396		
Date Assigned:	05/18/2015	Date of Injury:	03/26/2015
Decision Date:	06/18/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/13/2015

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 a 58-year-old female who sustained an industrial injury on 3/26/16. The injured worker was diagnosed as having distal right external iliac vein stenosis post catheterization. Currently, the injured worker was with complaints of right lower extremity discomfort. Previous treatments included status post percutaneous coronary intervention with stent placement. Previous diagnostic studies included venous duplex studies revealing stenosis in the distal external iliac proximal common femoral veins. Physical examination was notable for mild edema to the right lower extremity. The plan of care was for cardiac rehabilitation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cardiac rehab: 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

http://www.aetna.com/cpb/medical/data/1_99/0021.html<http://www.guideline.gov/content.aspx?id=3185>.

Decision rationale: Pursuant to Aetna Clinical Policy Bulletin: Cardiac Rehabilitation, cardiac rehabilitation is not medically necessary. The Clinical Policy Bulletin considers cardiac rehabilitation medically necessary according to the following criteria within a 12 month window after any of the following: acute myocardial infarction; chronic stable angina unresponsive to medical therapy; coronary artery bypass grafting; heart transplantation or heart-lung transplantation; major pulmonary surgery; percutaneous coronary vessel remodeling; placement of ventricular assist device; valve replacement; sustained ventricular tachycardia or fibrillation or survivors of sudden cardiac death; stable congestive heart failure with ejection fraction of 35% or less. See the guidelines for additional details. In this case, the injured worker's working diagnoses are coronary artery disease status post STEMI, status post PCI of the LAD on March 26, 2015.; Congestive heart failure with reduced ejection fraction; hyperlipidemia; hypertension; hypothyroidism; and rheumatoid arthritis. The injured worker sustained an acute STEMI myocardial infarction. The injured worker underwent stenting. The injured worker has had recurrent chest pain. The injured worker is a good candidate for cardiac rehabilitation. The request however is open-ended. There is no frequency and duration for the cardiac rehabilitation documented in the medical record. The utilization review modified the open-ended request and provided two weeks of cardiac rehabilitation. Consequently, absent clinical documentation with a duration and frequency for cardiac rehabilitation, cardiac rehabilitation is not medically necessary.