

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/9/2013

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/22/2013
Date of Injury: 1/21/2013
IMR Application Received: 8/27/2013
MAXIMUS Case Number: CM13-0017226

- 1) MAXIMUS Federal Services, Inc. has determined the request for 36 cardiac rehabilitation treatments with Dr. [REDACTED] **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/27/2013 disputing the Utilization Review Denial dated 8/22/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for 36 cardiac rehabilitation treatments with Dr. [REDACTED] is **medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, and is licensed to practice in California. 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

This patient is a 45 year old male with a history of coronary artery disease, diabetes mellitus and hyperlipidemia. The patient had an acute myocardial infarction on January 21, 2013 while on the job. He ultimately underwent a cardiac bypass graft surgery (CABG) on January 24, 2013. On January 25, 2013, the patient underwent a post operative chest x-ray which demonstrated stable post-surgical changes status post extubation and unchanged mild edema. The patient has done very well post-CABG surgery, except for some symptomatology remaining, and cardiac rehabilitation was recommended.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

- 1) **Regarding the request for 36 cardiac rehabilitation treatments with Dr. [REDACTED]:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the following articles: (1) Leon, AS, et al. Cardiac Rehabilitation and Secondary Prevention of Coronary Heart Disease. Circulation. 2005;111:369-376; (2) Thomas RJ, King M, Lui K, Oldridge N, Pina Il, Spertus J. AACVPR/ACC/AHA 2007 performance measures on cardiac rehabilitation for referral and delivery of cardiac rehabilitation/secondary prevention services. Circulation. 2007;116:1611-1642; (3) Williams M, et al. Clinical evidence for a health benefit from cardiac rehabilitation; An update. Am Heart J. 2005;152:835-841; (4) Wenger NK. Current Status of Cardiac Rehabilitation. J. A. Coll. Cardiol., April 29, 2008; 51(17): 1619-1631; (5) Thomas RJ, King M, Lui K, Oldridge N, Pina Il, Spertus J. AACVPR/ACC/AHA 2010 update. J Am Coll Cardiol 2010;56:1159-67; (6) Tsai SW, Lin YW, Wu SK. The effect of cardiac rehabilitation on recovery of heart rate over one minute after exercise in patients with coronary artery bypass graft surgery; and (7) Scheinowitz M, Harpaz D. Safety of cardiac rehabilitation in a medically supervised, community-based program; which are not a part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on American Heart Association/American College of Cardiology Guidelines; Mayo Clinic, by Quinn R. Pack, MD et al. found at <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3413083/>.

Rationale for the Decision:

Cardiac rehabilitation significantly improves functional capacity and some hemodynamic responses post coronary artery bypass grafting. The employee needs to be referred to rehabilitation units. **The request for 36 cardiac rehabilitation treatments with Dr. [REDACTED] is medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.