

Case Number:	CM13-0004705		
Date Assigned:	12/27/2013	Date of Injury:	03/10/2010
Decision Date:	03/11/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	07/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 63 YO female with a date of injury of 03/10/2010. The listed diagnoses per [REDACTED]. [REDACTED] dated 05/24/2013 are: 1. Gastroesophageal reflux disease 2. Diabetes mellitus 3. Hypertension with left ventricular hypertrophy 4. Obstructive sleep apnea 5. Peripheral edema 6. Cough, rule out CHF 7. Palpitations 8. Shortness of breath According to report dated 05/24/2013 by [REDACTED], patient reports frequent episodes of shortness of breath. Patients heart rate was noted at 69, blood pressure 133/79, lungs were noted as clear to auscultation and no dullness to percussion. He recommends a pulmonary consultation due to moderately severe obstructive disease per spirmetry findings dated 01/04/2013. On 07/11/2013 [REDACTED] requested authorization for a cardiology consult and mobile cardiac outpatient telemetry. Echocardiogram dated 03/09/2012 reports normal left ventricular ejection fraction and normal appearing mitral, aortic, and tricuspid valves with no significant Doppler flow abnormality.

IMR ISSUES, DECISIONS AND RATIONALES

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

MCOT(Mobile Cardiac Outpatient Telemetry): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Aetna under Cardiac Event Monitors number: 0073

Decision rationale: This patient presents with frequent episodes of shortness of breath. Treater is requesting Mobile Cardiac Outpatient telemetry. Utilization review dated 07/19/2013 denied request stating, "clinical notes do not document symptoms suggestive of cardiac pathology." The MTUS, ACOEM and ODG guidelines do not discuss Mobile Cardiac outpatient telemetry. However, Aetna under Cardiac Event Monitors number: 0073 states "mobile cardiovascular telemetry (MCT) are medically necessary for evaluation of recurrent unexplained episodes of pre-syncope, syncope, palpitations, or dizziness when both of the following criteria are met: A cardiac arrhythmia is suspected as the cause of the symptoms; and Members have a non-diagnostic Holter monitor, or symptoms occur infrequently (less frequently than daily) such that the arrhythmia is unlikely to be diagnosed by Holter monitoring. Aetna considers MCT experimental and investigational for other indications because its effectiveness for indications other than the ones listed above has not been established." In this case the patient does not present with episodes of pre-syncope, syncope, palpitations or dizziness. There is also no evidence that Holter monitor has been tried. I would appear that the patient should be evaluated by a Cardiologist first before sophisticated testing is to be tried. The requested Mobile Cardiac Outpatient telemetry is not medically necessary at this time and recommendation is for denial.