

Case Number:	CM13-0028280		
Date Assigned:	01/08/2014	Date of Injury:	12/17/2003
Decision Date:	06/05/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/23/2013

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. The expert reviewer is Board Certified Family Practice, and is licensed to practice California, Tennessee, and Virginia. 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/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 injured worker is a 63-year-old with an industrial related injury occurring on December 17, 2003. The mechanism of injury is reported as pain to low back, right shoulder and elbow while making a bed. The injured underwent epidural injections to C-spine (neck) in 2004 and subsequently developed tachycardia. During the hospitalization, diagnoses of diabetes and hypertension were assessed. In 2005 after continuous use of medication, gastrointestinal discomfort was developed. The patient was identified as having regular cardiac rhythm with no rubs or gallops. The patient was controlling her diabetic status with Lantus. Clinical note dated October 16, 2013 indicated recommendation for a series of lab exams. The clinical note dated October 23, 2013 indicates the patient showed no change in occasional right sided complaints of right sided chest pain. The chest pain had been controlled with sublingual nitroglycerin. The patient continued with complaining of occasional palpitations and poor sleep quality. The patient was also recommended to follow a low cholesterol, low sodium, low carbohydrate, diet with regular fluid intake. Physical examination revealed regular rate and rhythm, S1 and S2 with grade 1/6 systolic murmur, point of maximum impulse was within normal limits, pulses were 2+ bilaterally, and carotid upstrokes were normal. Echocardiograph in March 13, 2013 revealed mild pulmonic hypertension. Documentation indicated the patient experienced chest pain and palpitations with anxiety and numbness and tingling in the bilateral toes. There was no indication the documentation that previous echocardiograph (ECG) monitoring had been obtained. However, there was mention of abnormal echocardiograph (ECG) findings in the clinical documentation. The patient denied syncope, dizziness, or other neurological deficits with her chest pain symptoms. Medications included Amlodipine, Metoprolol, Metformin, Simvastatin, Januvia, Lantus, Nitroglycerin sublingual, Sentra AM, Sentra PM.

IMR ISSUES, DECISIONS AND RATIONALES

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

MOBILE CARDIAC OUTPATIENT TELEMETRY (MCOT) RENTAL: 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 Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic) Chapter, Durable medical equipment (DME).

Decision rationale: The clinical documentation indicated the patient experienced chest pain and palpitations with anxiety and with associated numbness and tingling in bilateral toes. The patient denied syncope, dizziness, or other neurological deficits with her chest pain symptoms. There was no indication of abnormal pulse or other objective findings necessitating further monitoring. There was no indication in the documentation that previous twelve lead Echocardiograph (ECG) monitoring had been obtained. The request for a mobile cardiac outpatient telemetry rental is not medically necessary or appropriate.