

Case Number:	CM13-0041467		
Date Assigned:	12/20/2013	Date of Injury:	08/08/2013
Decision Date:	03/12/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/15/2013

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 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 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 31-year-old male who sustained injury on 08/08/2013 while he was using a propane gas powered machine to cut the cement. While he was cutting the cement, strong fumes were produced causing him to inhaling the fumes. After 2 hours, he developed problems with dizziness, headaches, shortness of breath and palpitations. There was no echocardiogram or follow up visit report dated 09/24/2013 was submitted for my review. The x-rays of the chest dated 10/14/2013 showed no active disease. A Holter monitor report done on 10/23/2013 showed the average heart rate was 61 bpm. The heart rate ranged from 17 bpm to 145 bpm. There were 693 pauses. There were 110 ventricular runs. There were 7 supraventricular runs. There were 2 tachycardia episodes with total duration 0 minutes. There were 114 bradycardia episodes with total duration 613 minutes. An echocardiogram was done on 10/24/2013 that showed borderline bradycardia with heart rate varies between 43 to 69 beats per minute.

IMR ISSUES, DECISIONS AND RATIONALES

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

Echocardiogram: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Braunwald's Heart Disease: A Textbook of Cardiovascular Medicine, 7th Edition page 261

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Braunwald's Heart Disease: A Textbook of Cardiovascular Medicine.

Decision rationale: The California MTUS and ODG do not have appropriateness of this request and hence other evidence based criteria cited above was used. There is an echocardiogram dated 10/24/2013 that showed borderline bradycardia with heart rate varies between 43 to 69 beats per minute. The patient additionally had documentation of previous bradycardia, chest pain, palpitations, and an abnormal EKG further supporting the indication for an echocardiogram. Therefore, the request for echocardiogram is certified.

Follow up visit: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- TWC Pain Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter - Pain (Chronic), Office visits.

Decision rationale: The California MTUS guidelines do not have appropriateness of this request and hence ODG have been sought. As per ODG, the follow up visit is recommended for evaluation and management as well as plays a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. Therefore, the request for follow-up visit is certified.