

Case Number:	CM13-0047818		
Date Assigned:	12/27/2013	Date of Injury:	01/21/2011
Decision Date:	02/28/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	11/04/2013

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:

This is a 44-year-old male with a history of supraventricular tachycardia. There is a concern of unexplained left atrial enlargement and mild left ventricular hypertrophy in absence of hypertension. Visit on October 11, 2012 by [REDACTED], it is stated that the patient has a history of supraventricular tachycardia as well as observed chest pain and rapid heartbeat sensation, but EKG did not record it. The prior echocardiogram performed in September 2011 revealed a normal ventricular function and normal LV mass index. A stress test on January 24, 2011 did not reveal ischemic changes but there was by report a brief run of supraventricular tachycardia. The patient request genetic counseling.

IMR ISSUES, DECISIONS AND RATIONALES

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

Genetic counseling: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.nlm.nih.gov/medlineplus/geneticcounseling.html>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.nlm.nih.gov/medlineplus/geneticcounseling.html>.

Decision rationale: There are many reasons to seek genetic counseling. You may consider it if you - Have a personal or family history of a genetic condition or birth defect - Are pregnant or planning to be pregnant after age 35 - Already have a child with a genetic disorder or birth defect - Have had two or more pregnancy losses or a baby who died - Have had ultrasound or screening tests that suggest a possible problem The patient had a condition of supraventricular tachycardia and the echocardiogram appears to be within normal limits which excludes the condition of IHHS (idiopathic hypertrophic cardiomyopathy) and therefore does not require a genetic testing.