

Case Number:	CM13-0053061		
Date Assigned:	12/30/2013	Date of Injury:	11/01/2011
Decision Date:	03/14/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/18/2013

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 Medical Oncology, and is licensed to practice in Texas. 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 43-year-old female who reported an injury on 11/1/11. This injury ultimately resulted in a staph infection causing osteomyelitis of the jaw. The patient's treatment history included antibiotics, physical therapy, and surgical debridement of the right mandible. The patient's most recent clinical examination revealed blood pressure of 118/78 mmHg with blood pressure medications, and a heart rate of 74 beats per minute. Evaluation of the patient's chest revealed clear lungs to auscultation with no evidence of rales or wheezing, and no dullness to percussion. The patient's cardiovascular system noted a regular rate of rhythm of the heart with no rubs or gallops appreciated. The patient's medications included Lisinopril, Gaviscon, Citrucel, and Fioricet. The patient's diagnoses included staphylococcus infection, osteomyelitis of the jaw, hip and thigh pain with paresthesia of the arms, abdominal pain, shortness of breath, and psychiatric overlay. The patient's treatment plan included a pulmonary function test secondary to shortness of breath, a sleep study with cardiorespiratory testing, and continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

EKG/cardio respiratory testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, and Drew, B. J., Califf, R. M., Funk, M., Kaufman, E. S., Krucoff, M. W., Laks, M. M., ... & Van Hare, G. F. (2004). Practice Standards for Electrocardiographic Monitoring in Hospital Settings An American Heart Association Scientific

Decision rationale: The clinical documentation submitted for review does not provide any evidence that the patient has any cardiac symptoms that would require monitoring. The patient denies any chest pain, shortness of breath, or palpitations. The most recent evaluation of the patient's cardiac status did not determine any abnormalities. It is noted within the documentation that the patient underwent a pulmonary function test, and it was noted that the patient's shortness of breath complaints were likely secondary to medication usage. The Official Disability Guidelines recommend pulmonary function testing for patients who have evidence of pulmonary abnormalities. In the peer-reviewed literature from the American Heart Association, Practice Standards for Electrocardiographic Monitoring in Hospital Settings, it is stated that an electrocardiograph is supported by a patient who is at risk for developing cardiovascular events or who has previously been subject to cardiovascular events. The clinical documentation does not clearly identify that the patient has any cardiac or pulmonary deficits that would require this type of monitoring. The need for an EKG and cardiorespiratory testing are not clearly identified. As such, the requested EKG/cardiorespiratory testing is not medically necessary or appropriate.

autonomic function assessment: 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 Drew, B. J., Califf, R. M., Funk, M., Kaufman, E. S., Krucoff, M. W., Laks, M. M., ... & Van Hare, G. F. (2004). Practice Standards for Electrocardiographic Monitoring in Hospital Settings An American Heart Association Scientific Statement From the Councils on Car

Decision rationale: The clinical documentation submitted for review does not provide any evidence that the patient has any cardiac symptoms that would require monitoring. The patient denies any chest pain, shortness of breath, or palpitations. The most recent evaluation of the patient's cardiac status did not determine any abnormalities. It is noted within the documentation that the patient underwent a pulmonary function test, and it was noted that the patient's shortness of breath complaints were likely secondary to medication usage. In the peer-reviewed literature from the American Heart Association, Practice Standards for Electrocardiographic Monitoring in Hospital Settings, it is stated that an electrocardiograph is supported by a patient who is at risk for developing cardiovascular events or who has previously been subject to cardiovascular events. The clinical documentation does not clearly identify that the patient has any cardiac or pulmonary deficits that would require this type of monitoring. The need for an EKG and cardiorespiratory testing are not clearly identified. As such, the requested autonomic function assessment is not medically necessary or appropriate.

cardiovagal innervation: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The clinical documentation submitted for review does not provide any evidence that the patient has any cardiac symptoms that would require monitoring. The patient denies any chest pain, shortness of breath, or palpitations. The most recent evaluation of the patient's cardiac status did not determine any abnormalities. It is noted within the documentation that the patient underwent a pulmonary function test, and it was noted that the patient's shortness of breath complaints were likely secondary to medication usage. In the peer-reviewed literature from the American Heart Association, Practice Standards for Electrocardiographic Monitoring in Hospital Settings, it is stated that an electrocardiograph is supported by a patient who is at risk for developing cardiovascular events or who has previously been subject to cardiovascular events. The clinical documentation does not clearly identify that the patient has any cardiac or pulmonary deficits that would require this type of monitoring. The need for an EKG and cardiorespiratory testing are not clearly identified. As such, the requested cardiovagal innervation is not medically necessary or appropriate

vasomotor adrenergic innervation: 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 Drew, B. J., Califf, R. M., Funk, M., Kaufman, E. S., Krucoff, M. W., Laks, M. M., ... & Van Hare, G. F. (2004). Practice Standards for Electrocardiographic Monitoring in Hospital Settings An American Heart Association Scientific Statement From the Councils on Car

Decision rationale: The clinical documentation submitted for review does not provide any evidence that the patient has any cardiac symptoms that would require monitoring. The patient denies any chest pain, shortness of breath, or palpitations. The most recent evaluation of the patient's cardiac status did not determine any abnormalities. It is noted within the documentation that the patient underwent a pulmonary function test, and it was noted that the patient's shortness of breath complaints were likely secondary to medication usage. In the peer-reviewed literature from the American Heart Association, Practice Standards for Electrocardiographic Monitoring in Hospital Settings, it is stated that an electrocardiograph is supported by a patient who is at risk for developing cardiovascular events or who has previously been subject to cardiovascular events. The clinical documentation does not clearly identify that the patient has any cardiac or pulmonary deficits that would require this type of monitoring. The need for an EKG and cardiorespiratory testing are not clearly identified. As such, the requested vasomotor adrenergic innervation is not medically necessary or appropriate.

EKG: 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 Drew, B. J., Califf, R. M., Funk, M., Kaufman, E. S., Krucoff, M. W., Laks, M. M., ... & Van Hare, G. F. (2004). Practice Standards for Electrocardiographic Monitoring in Hospital Settings An American Heart Association Scientific Statement From the Councils on Car

Decision rationale: The clinical documentation submitted for review does not provide any evidence that the patient has any cardiac symptoms that would require monitoring. The patient denies any chest pain, shortness of breath, or palpitations. The most recent evaluation of the patient's cardiac status did not determine any abnormalities. It is noted within the documentation that the patient underwent a pulmonary function test, and it was noted that the patient's shortness of breath complaints were likely secondary to medication usage. In the peer-reviewed literature from the American Heart Association, Practice Standards for Electrocardiographic Monitoring in Hospital Settings, it is stated that an electrocardiograph is supported by a patient who is at risk for developing cardiovascular events or who has previously been subject to cardiovascular events. The clinical documentation does not clearly identify that the patient has any cardiac or pulmonary deficits that would require this type of monitoring. The need for an EKG and cardiorespiratory testing are not clearly identified. As such, the requested EKG is not medically necessary or appropriate.