

<b>Case Number:</b>	CM14-0005928		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	12/17/2003
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	12/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2014

### 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 in Internal Medicine and is licensed to practice in North Carolina, Colorado, California, and Kentucky. 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 female who reported an injury regarding her low back and shoulders on 12/17/03. The clinical note dated 12/26/13 indicates the injured worker presenting with complaints of chest pain. The injured worker also reported shortness of breath, palpitations, and chest pain. The injured worker was subsequently recommended for a mobile cardiac telemetry unit rental. The clinical note dated 01/10/12 indicates the injured worker having undergone lab studies, which revealed a serum glucose level of 215, an ALT reading of 46, and an LDL cholesterol level of 115. The injured worker's hemoglobin A1C level was also identified as being high at 12.2. The clinical note dated 05/24/13 indicates the injured worker's average morning fasting sugar levels were identified as 134 mg/dL, worsening hypertension. The injured worker was also identified as having continued complaints of fatigue, heart palpitations, and chest pressure during activities, as well as myopathy at both thigh muscles. The injured worker was also identified as having hyperlipidemia. The injured worker's blood pressure at that time was 146/83 with a blood glucose level of 252. The clinical note dated 06/21/13 indicates the injured worker having previously undergone a halter monitor exam. The injured worker's blood pressure at that time was 130/70. The note indicates the injured worker continuing with complaints of fatigue, heart palpitations, and chest pain during activities. The note indicates the injured worker utilizing Amlodipine, Metoprolol, Gemfibrozil, and Simvastatin at that time. There was also an indication the injured worker was utilizing Metformin and Lantus. The clinical note dated 08/23/13 indicates the injured worker able to sleep 5 hours each night. The note indicates the injured worker having complaints of blurred vision but does wear eyeglasses. Chest pressure has been indicated but only with an increase in anxiety. The injured worker's blood pressure at that time was 146/79. The electrodiagnostic studies completed on 12/19/13 revealed findings consistent with severe left L5 radiculopathy. The clinical note dated 09/03/13 indicates

the injured worker having complaints of atypical chest discomfort on the left. The discomfort was identified as not having a relationship with exertion. The pain was described as sharp in nature without radiation or associated symptoms. The injured worker had complaints of uncontrolled hypertension, palpitations with exertion, and dyspnea on exertion. The note indicates the injured worker having undergone a stress test in 2006. There is an indication the injured worker has a family history involving a stroke. There was also an indication the injured worker's siblings also suffer from heart failure as well as hypertension. Upon exam, the injured worker was identified as having a regular rate and rhythm. A grade 1/6 systolic murmur was identified. The point of maximum impulse is within normal limits. The injured worker's pulses were identified as 2+ bilaterally. The injured worker was identified as having a normal carotid upstroke. The injured worker was recommended for a low sodium, low cholesterol diet and to continue with ongoing follow-ups with her primary physician. The injured worker was additionally recommended for a 24-hour halter monitor in order to identify ongoing palpitations. The echocardiogram completed on 09/30/13 revealed a normal left ventricular systolic function with an ejection fraction of 72%. Trivial mitral and tricuspid valve regurgitation was revealed. The clinical note dated 10/16/13 indicates the injured worker having a blood pressure of 152/84. The injured worker's blood glucose level was measured at 181 with the continued use of Metformin. The injured worker's heart rate was identified at 56 beats per minute. The injured worker was recommended for no other modifications. A stress echocardiogram completed on 12/17/13 revealed a good functional capacity. The injured worker was identified as a normal hyperdynamic response with no chest pain or ST changes. The utilization review dated 09/12/13 resulted in a denial for an outpatient cardiac telemetry as no significant findings indicating cardiac involvement with continued symptoms were provided in the documentation.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **EXTERNAL MOBILE CARDIAC OUTPATIENT TELEMETRY 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 Miller DJ, Et al. Outpatient Cardiac Telemetry Detects A High Rate of Atrial Fibrillation In Cryptogenic Stroke. *J Neurol Sci.* 2013 Jan 15;324(1-2):57-61 and Mittal S, Movsowitz C, Steinberg JS. Ambulatory External Electrocardiographic Monitoring: Focus On Atrial Fibrillation. *J Am Coll Cardiol.* 2011 Oct 18;58(17):1741-9

**Decision rationale:** The request for an external mobile cardiac outpatient telemetry rental is non-certified. The documentation indicates the injured worker having previously complained of heart palpitations as well as chest pressure and fatigue. Previous studies have revealed no significant findings that would indicate continued cardiac involvement. Additionally, the more recent clinical notes indicate the injured worker having no significant complaints of continued heart palpitations. Additionally, the injured worker's blood pressure findings and lab studies have revealed essentially normal findings. There is an indication the injured worker has been diagnosed with diabetes; however, this appears to have been treated with continued medications. Therefore, given the lack of information regarding ongoing symptomology, this request is not indicated as medically necessary.