

Case Number:	CM14-0006545		
Date Assigned:	01/31/2014	Date of Injury:	09/25/2011
Decision Date:	07/17/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/17/2014

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 Occupational 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 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:

This is a 57-year-old with a September 28, 1981 to September 25, 2011 date of injury filing claims to the back, bilateral knees, left shoulder, GERD (gastroesophageal reflux disease), hearing loss, heart, neck, hands, and left lower extremity, secondary to his work as a firefighter. The patient is noted to have a history of arrhythmias since 2008 where he stated he had an irregular heartbeat after an annual physical. The patient was noted to have had an angiogram in 2008 after a positive stress test, which showed 50% percent blockage in 4 coronary arteries, however the patient did not require any stenting at the time (no significant stenosis or myocardial infarction was noted in the report) and was placed on a statin to reduce his cholesterol. A July 16, 2013 progress report noted cardiac exam findings of sinus bradycardia, but otherwise a normal exam. A July 23, 2013 progress report noted that the patient had complaints of palpitations. His EKG (electrocardiogram) was noted to be normal sinus rhythm (the actual EKG was not available for review), with a pulse of 70 and BP (blood pressure) of 130/80. The following cardiac history was obtained from that progress note, however the official reports were not available for review: CXR 1994 normal; Stress Tests: 2001 negative for ischemia; 2004 negative for ischemia with rare PVC, 2005 negative; 2008 positive for inferolateral ischemia; EKG 2008-2010: sinus bradycardia, otherwise normal; EKG in 2011 normal. Exam findings revealed sinus bradycardia but no gallops, murmurs or rubs. Treatment to date: cardiac catheterization in 2008 (no stents required), lipid-lowering medications. A UR decision dated December 23, 2013 denied the request given there was no EKG available for review and this is generally the first step in the work up of arrhythmias.

IMR ISSUES, DECISIONS AND RATIONALES

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

DURABLE MEDICAL EQUIPMENT (DME): 24 HOUR HOLTER MONITOR: 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 Other Medical Treatment Guideline or Medical Evidence: Zipes Braunwald's Heart Disease-Holter Montors.

Decision rationale: The CA MTUS and ODG do not address this issue. Braunwald's Heart Disease states that a Holter Monitor can record an arrhythmia if it occurs during the 24 hour prior of the rental. A loop recorder can record more infrequent occurring arrhythmias. This patient is noted to have complaints of palpitations, however, there was no documentation with regard to frequency of palpitations, and no information regarding associated symptoms (i.e. syncope, dizziness). He is not noted to have had a myocardial infarction. His cardiac exam findings revealed sinus bradycardia but were otherwise normal. His most recent EKG (electrocardiogram) was noted to be normal with no evidence of an arrhythmia, and his pulse was noted to be 70 at that time. There were several reposts of sinus bradycardic finding's on EKG in the years 2008-2010, however, the rate was not given, thus the severity of the bradycardia is unknown (i.e. a resting heart rate of 52 could represent an athlete's heart or a person who is in good aerobic conditioning), and the actual EKG tracings were not available for review. There is scant information regarding frequency of palpitations, and no history of syncope given this patient's apparent sinus bradycardia, his most recent EKG was noted to be normal with a pulse of 70, and there are no EKG tracings available for review. Therefore, the request for a 24-hour holter monitor is not medically necessary or appropriate.