

Case Number:	CM14-0007375		
Date Assigned:	02/10/2014	Date of Injury:	12/13/2007
Decision Date:	07/14/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/21/2014

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 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 65-year old male patient with a 12/13/07 date of injury. In 2008 he underwent shoulder surgery was found to be in atrial fibrillation thereafter. A 12/20/13 progress report indicated that the patient was in the follow up visit regarding his Holter monitoring. His heart rate was noted to be 80 and blood pressure was 120/70. His physical exam did not reveal jugular venous distension. His lung exam was clear to auscultation with no rales or rhonchi. There was no sign of chronic heart failure and no edema. His cardiac exam revealed irregularly irregular rates. The Holter monitor demonstrated atrial fibrillation that was chronic and 100%, and 2.2 second pauses. Cardiac echocardiography dated on 8/15/13 showed normal ejection fraction. He was diagnosed with Arrhythmia. Treatment to date: medication management. There is documentation of a previous 1/3/14 adverse determination, based on the fact that there was no enough documentation and history regarding management for atrial fibrillation whether this has been uncontrolled with medications that would require further treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERMANENT PACEMAKER IMPLANT: 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: ACC/AHA Guidelines for implantation of cardiac pacemakers and antiarrhythmic devices.

Decision rationale: As cited ACC/AHA Guidelines for implantation of cardiac pacemakers and antiarrhythmic devices, in some patients with bradycardia dependent atrial fibrillation, atrial pacing may be effective in the reducing the frequency of recurrence. However there were no ECG results provided to detect the type of arrhythmia. The patient's heart rate was noted to be 80 on exam and his ventricular rate was not specified. His blood pressure was noted to be 120/70 on exam, which is within normal limits. The Holter Monitor report was not available for review. In addition there was no evidence of attempt of medical ablation of the patient's atrial fibrillation, or a complete description of the medications used with regard to attempts of rate control. There was no documentation to support that the patient had episodes of syncope or episodes of cardiac arrest. Therefore the request for permanent pacemaker implant was not medically necessary.