

Case Number:	CM14-0008634		
Date Assigned:	02/12/2014	Date of Injury:	01/27/2012
Decision Date:	06/13/2014	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 Family Medicine 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 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 54 year old male who reported an injury on 01/27/2012. The mechanism of injury was not provided in the documentation. The clinical note dated 12/02/2013 reported the injured worker complained of shortness of breath and fatigue upon activity. The injured worker reported mild chest pain during coughing. The physician noted the injured worker was not physically active due to history of pulmonary embolism. The physical exam noted no edema, good pulses, normal hear sounds no gallop or murmur. The EKG showed regular sinus rhythm, T-wave inversion in lead 111. The injured worker had diagnoses of shortness of breath and fatigue, history of pulmonary embolism in August 2013, and right knee surgery. The provider requested a holter monitor to exclude cardiac arrhythmia and a complete blood count.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOLTER MONITOR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation HUNT SA, ABRAHAM WT, CHIN MH, FELDMAN AM, FRANCIS GS, GANIATS TG, JESSUP M, KONSTAM, MA, MANCINI DM, MICHL K, OATS JA, RAHKO PS, SILVER MA, STEVENSON LW, YANCY CW, AMERICAN COLLEGE OF CARDIOLOGY FOUNDATION, AMERICAN HEART ASSOCIATION. 2009 FOCUSED UPDATE INCORPORATED INTO THE ACC/AHA 2005

GUIDELINES FOR THE DIAGNOSIS AND MANAGEMENT OF HEART FAILURE IN ADULTS (TRUNC(. J AM COLL CARDIOL. 2009 APRIL 14;53(15):E1-E90

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MEDLINE PLUS, HOLTER MONITOR (24H), ONLINE DATABASE

Decision rationale: The request for a Holter Monitor is non-certified. The injured worker complained of shortness of breath and fatigue upon physical activity. The injured worker reported mild chest pain during coughin. The physician noted the injured worker is not physically active due to history of pulmonary embolism. The physical exam noted no edema, good pulses, normal hear sounds no gallop or murmur. The EKG showed regular sinus rhythm, T-wave inversion in lead 111. Medline Plus inidcated holter monitoring is used to determine how the heart responds to normal avtivity. The monitor may also be used after a heart attack, to diagnose heart rhythm problems, or when starting a new medication. There is lack of objective findings indicating the medical necessity for the use of the holter monitor. It did not appear the injured worker had significant cardiac findings upon physical examination. Therefore the request for the Holter Monitor is not medically necessary or appropriate.

COMPLETE BLOOD TEST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation GUIDELINE DEVELOPING TEAM. CARDIOMETABOLIC RISK MANAGEMENT GUIDELINES IN PRIMARY CARE. QATIF (SAUDI ARABIA); QATIF PRIMARY HEALTH CARE; 2011. 124P

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 70.

Decision rationale: The request for complete blood test is non-certified. The injured worker complained of shortness of breath and fatigue upon physical activity. The injured worker reported mild chest pain during coughin. The physician noted the injured worker is not physically active due to history of pulmonary embolism. The physical exam noted no edema, good pulses, normal hear sounds no gallop or murmur. The EKG showed regular sinus rhythm, T-wave inversion in lead 111. The California MTUS Guidelines recommend periodic monitoring with a complete blood test including liver and renal function test for patients on NSAID therapy. There is a lack of clinical documentation indicating the injured worker to be on NSAID therapy. The rationale for the physicians request is unclear. It was unclear when the injured worker last underwent laboratory monitoring. Therefore, the requeset for a complete blood test is not medically necessary or appropriate.