

<b>Case Number:</b>	CM14-0015797		
<b>Date Assigned:</b>	02/10/2014	<b>Date of Injury:</b>	10/03/2011
<b>Decision Date:</b>	02/26/2014	<b>UR Denial Date:</b>	01/09/2014
<b>Priority:</b>	Expedited	<b>Application Received:</b>	02/07/2014

### 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 Occupational Medicine and is licensed to practice in Hawaii. 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:

This patient is a 25 year old female who was injured during a trip and fall accident on 10/3/2011. According to the provided medical documentation, the patient reports severe pain in the left shoulder, frequent muscle spasms affecting the left shoulder with radiation to neck and hand, and pain/spasms to left shoulder causing loss of consciousness. Treatment has included left shoulder manipulation under anesthesia x 2, physical therapy/range of motion exercises, and multiple pain medications. The orthopedic surgeon received authorization to perform another manipulation under anesthesia to the left shoulder. On 3/26/2013, the attending physician requested a neurology consult to evaluate the syncopal episodes in order to clear the patient for the orthopedic procedure. Neurology was consulted on 7/8/2013 with clear etiology for syncope. MRI (10/7/2013) was negative. A utilization review dated 1/9/2014 non-certified echocardiogram, holter monitoring, and tilt table testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**URGENT tilt table:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [http://www.aimspecialtyhealth.com/marketing/guidelines/185/PDFs/Archived/2013/April15/AI\\_M\\_Guidelines\\_Cardiac.pdf](http://www.aimspecialtyhealth.com/marketing/guidelines/185/PDFs/Archived/2013/April15/AI_M_Guidelines_Cardiac.pdf); and <http://emedicine.medscape.com/article/1839773-overview>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, Reference Summary; and Up to Date, Syncope in Adults

**Decision rationale:** MTUS and ACOEM guidelines are silent regarding tilt table testing. The orthopedic physician would like to perform another left shoulder manipulation under anesthesia. This patient is reporting episodes of syncope resulting from left shoulder pain. A neurological workup with MRI and physical exam has not yielded any etiology for her syncope. A thorough neurological workup would also include selected cardiac evaluation for causes of syncope. ODG states "The most important step is to differentiate patients with heart disease from others, since the mortality of these patients is doubled. Echocardiography, Holter-monitoring and electrophysiological study are useful to approach this population. In patients with suspected neurally-mediated syncope (vasovagal syncope) tilt testing is indicated" Uptodate agrees to this diagnostic approach for utilizing Echocardiography, Holter-monitoring, but states "Tilt testing is commonly performed for the evaluation of syncope, although the test has limited specificity, sensitivity, and reproducibility . . . Recurrent episodes of syncope in the absence of organic heart disease, or in the presence of organic heart disease after cardiac causes of syncope have been excluded." The medical document provided does not outline the "absence of organic heart disease" in order to proceed to the usage of tilt testing. Further, the medical document provided does not outline the need for tilt testing other than to 'clear the patient for surgery'. As such, the request for tilt table testing is not medically necessary.

**URGENT 24 hour Holter monitor:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [p://www.aimspecialtyhealth.com/marketing/guidelines/185/PDFs/Archived/2013/April15/AIM\\_Guidelines\\_Cardiac.pdf](http://www.aimspecialtyhealth.com/marketing/guidelines/185/PDFs/Archived/2013/April15/AIM_Guidelines_Cardiac.pdf); and [http://www.aetna.com/cpb/mecial/data/1\\_99/0019.html](http://www.aetna.com/cpb/mecial/data/1_99/0019.html)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, Reference Summary; and Up to Date, Syncope in Adults

**Decision rationale:** MTUS and ACOEM guidelines are silent regarding 24hour holter monitoring. The orthopedic physician would like to perform another left shoulder manipulation under anesthesia. This patient is reporting episodes of syncope resulting from left shoulder pain. A neurological workup with MRI and physical exam has not yielded any etiology for her syncope. A thorough neurological workup would also include selected cardiac evaluation for causes of syncope. ODG states "The most important step is to differentiate patients with heart disease from others, since the mortality of these patients is doubled. Echocardiography, Holter-monitoring and electrophysiological study are useful to approach this population." Uptodate further agrees to this diagnostic approach for syncope evaluation. Based the need to 'clear for surgery' and the patient's reported syncope with lack of full evaluation, the requested 24-hour holter monitor is medically necessary.

**URGENT echocardiogram:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
[p://www.aimspecialtyhealth.com/marketing/guidelines/185/PDFs/Archived/2013/April15/AIM\\_Guidelines\\_Cardiac.pdf](p://www.aimspecialtyhealth.com/marketing/guidelines/185/PDFs/Archived/2013/April15/AIM_Guidelines_Cardiac.pdf)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, Reference Summary; and Up to Date, Syncope in Adults

**Decision rationale:** MTUS and ACOEM guidelines are silent regarding echocardiogram. The orthopedic physician would like to perform another left shoulder manipulation under anesthesia. This patient is reporting episodes of syncope resulting from left shoulder pain. A neurological workup with MRI and physical exam has not yielded any etiology for her syncope. A thorough neurological workup would also include selected cardiac evaluation for causes of syncope. ODG states "The most important step is to differentiate patients with heart disease from others, since the mortality of these patients is doubled. Echocardiography, Holter-monitoring and electrophysiological study are useful to approach this population." Uptodate further agrees to this diagnostic approach for syncope evaluation. Based the need to 'clear for surgery' and the patient's reported syncope with lack of full evaluation, the requested echocardiogram is medically necessary.