MAXIMUS Federal Services

Case Number:	CM14-0123774		
Date Assigned:	08/08/2014	Date of Injury:	11/08/2011
Decision Date:	09/11/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/05/2014

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 Arizona. 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 28-year-old man with a work-related injury dated 11/8/11 resulting in chronic pain in the knee. The orthopedic provider examined the patient on 2/2/12. At that time the patient was complaining of right knee pain and swelling. The diagnosis is dislocation of the knee. An MRI showed a torn lateral meniscus and mild arthritis of right knee. The patient's review of systems was otherwise negative. Exam of the heart and chest was normal. There were no murmurs. The recommendation was for surgery. On 6/25/14 the primary provider evaluated the patient and noted a blood pressure of 140/83. There was no documentation that the patient was having any cardio-pulmonary symptoms. A referral was made for an evaluation by a medical doctor for an ECG and Cardio-respiratory/autonomic functional assessment: Cardio-vagal innervation and heart-rate variability (parasympathetic innervation) Adrenergic beat to beat blood pressure (BP) responses to the Valsalva maneuver, sustained hand grip, and BP and HR responses to active standing. During the Utilization Review dated 7/15/14 the referral and evaluation was denied as not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cardio-Respiratory/Autonomic Function Assessment: Cardio vagal innervation & heart-rate variability (parasympathetic innervation) Adrenegic: beat to beat blood pressure responces to the Valsalva maneuver, sustained hand grip and blood pressure and heart rate responces to active standing: 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 Official Disability Guidelines (ODG) TWC Pain procedure summary.

Decision rationale: The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. In this case the provider has not documented any concerns regarding the patient's medication or clinical stability. There is not any documentation regarding any cardiopulmonary symptoms. The referral for the above studies was not medically necessary.

Electrocardiogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The National Center for Biotechnology Information.

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: Uptodate.com. Clinical applications of the signal-averaged electrocardiogram: Overview.

Decision rationale: The MTUS is silent regarding the use of an ECG. According to uptodate.com the ECG is a noninvasive technique that enables detection of the pathophysiology underlying reentrant arrhythmias such as ventricular tachycardia (VT). It has therefore been applied to identify individuals at risk for sudden cardiac death, particularly in the context of coronary artery disease, acute myocardial infarction, and left ventricular dysfunction. In this case there is no documentation to support that the patient had any cardiopulmonary symptoms or risk factors for coronary artery disease (CAD) or sudden cardiac death. The ECG was not medically necessary.