

<b>Case Number:</b>	CM14-0126979		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	01/05/1993
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 Virginia and the District of Columbia. 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 70 year old patient who sustained injury on Jan 5 1993. The patient saw [REDACTED] for follow up issues. The patient was diagnosed with coronary artery disease with stent placement. He was instructed to have an echocardiogram on Sept 24 2013. [REDACTED] saw the patient for chest discomfort on March 12 2014 and recommended Plavix. The patient had cardiac catheterization on Apr 7 2014. He was found to have severe in-stent restenosis of the coronary vessel bifurcation and had a successful balloon angioplasty. [REDACTED] saw the patient on Apr 21 2014 for ongoing pain issue and was given Gabapentin, Norco and follow up with cardiology. On Jun 11 2014, [REDACTED] saw the patient for follow up and found that the patient had atrial flutter. He recommended cardioversion if the patient remained in atrial flutter in 3 weeks' time. On Jun 24 2014, [REDACTED] noted persisted atrial flutter and referred for cardioversion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cardioversion in 3 weeks:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [http://www.ncbi.nlm.nih.gov/pubmed.17493088](http://www.ncbi.nlm.nih.gov/pubmed/17493088).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://circ.ahajournals.org/content/112/22/e334.full>.

**Decision rationale:** MTUS and ACOEM do not specifically address cardioversion. Per the American heart association, cardioversion is a procedure that involves briefly putting a person to sleep and then delivering a very brief electric shock (which takes about 1 second) through pads temporarily placed on the outside of the chest. This procedure is very effective at converting the heart to normal rhythm, but a significant percentage of patients with atrial flutter will have a recurrence of the arrhythmia at some time in the future. Based on review of the clinical documentation provided, this would be medically needed.