

<b>Case Number:</b>	CM14-0068270		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	07/12/1990
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	04/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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, has a subspecialty in Pulmonary Diseases, 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:

The injured worker is a 71-year-old male who reported an injury on 07/12/1990. The mechanism of injury was not provided within the documentation. The injured worker's diagnosis was noted to be atrial fibrillation. A clinical evaluation was not provided within the documentation. A prior utilization review note within the documentation referred to a progress report dated 01/24/2014, which documented atrial fibrillation and recommended a transesophageal electrocardiogram (TEE) guided cardioversion. It is also documented that, on 04/03/2014, the injured worker had an electrocardiogram that showed atrial fibrillation with controlled ventricular response. The provider's rationale for the request was provided within the documentation. A Request for Authorization for medical treatment was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Transesophageal Echocardiogram (TEE) guided Cardioversion (CV): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

<http://www.cigna.com/individualandfamilies/health-and-well-being/hw/medical-tests/echocardiogram-hw212692.html>; <http://www.ncbi.nlm.nih.gov/pubmed/11693739>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation article: Yarmohammadi, H., Klosterman, T., Grewal, G.,

Alraies, M. C., Lindsay, B. D., Bhargava, M., ... & Klein, A. L. (2012). Transesophageal echocardiography and cardioversion trends in patients with atrial fibrillation: a 10-year survey. *Journal of the American Society of Echocardiography*, 25(9), 962-968.

**Decision rationale:** The request for transesophageal electrocardiogram guided cardioversion is not medically necessary or appropriate. According to the *Journal of the American Society of Echocardiography*, a transesophageal echocardiogram is used to assess left atrial thrombosis in patients undergoing direct current cardioversion for atrial fibrillation or flutter; however, little is known about its recent trends and current applications. In this retrospective study, 3191 serial transesophageal echocardiographic studies in 2705 unique patients with atrial fibrillation or atrial flutter who underwent a transesophageal echocardiogram were identified using the Cleveland Clinic echocardiography database. Clinical data and information on the presence of spontaneous electrocardiogram with good contrast and sludge were obtained, as well as the total number of transesophageal echocardiographic studies in procedures performed in outpatient or inpatient settings. Increasing trends of the transesophageal echocardiogram were observed over the past 10 years. Trends have suggested that the application of a transesophageal echocardiogram compared with the conventional approach have consistently grown, in that more procedures are done in the outpatient setting. The documentation provided for review fails to provide an adequate cardiac examination with documentation to support significant atrial fibrillation symptoms or risk factors for atrial thrombosis. Therefore, a request for transesophageal echocardiogram guided cardioversion is not medically necessary.