

<b>Case Number:</b>	CM14-0175847		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	01/19/2004
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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 Practice and is licensed to practice in New York. 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 worker carries multiple cardiovascular related diagnoses. These include Hyperlipidemia, Hypertensive Heart Disease without Congestive Heart Failure, Dyspnea and Angina. He was being seen in followup from a trip to the emergency department where he presented with palpitations and was found to be in Atrial Fibrillation. This was a new diagnosis. He was evaluated for approximately 12 hours and discharged on metoprolol 25mg twice a day as a rate control measure. An exercise stress test produced premature ventricular contractions (PVC's). This drove additional testing to evaluate the status of the coronary arteries. With the evidence of new onset atrial fibrillation as well as PVC's the provider was requesting a 48 hour holter monitor evaluation to assess for any occult arrhythmia and their frequency and duration. This was misinterpreted in the RFA as an actual request for the purchase of a monitor. This was actually clarified after communication with office staff. As a result 10/9/14 a modification recommendation was issued and the request for purchase of a monitor was modified to a 48 hour holter monitor test and approved as modified. The issue under review for this review was specific to the original request perceived to be a DME request for a 48 hour holter monitor purchase.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME: 48 hour Holter monitor purchase: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Zipes Braunwald's heart disease: A Textbook of cardiovascular medicine, 7th Ed, Chapter 29 - Diagnosis of Cardiac Arrhythmias.

**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 at [www.uptodate.com](http://www.uptodate.com), accessed 24Nov14, Antiarrhythmic drugs to maintain sinus rhythm in patients with atrial fibrillation and managing Ventricular Premature Arrhythmias

**Decision rationale:** The issue with the new onset of atrial fibrillation relates to decisions that need to be made with regard to management. Two options are available either to restore sinus rhythm or provide rate control. The choice is made based on the assessment of a cause if identifiable, age and health of the patient as well as the patient's choice in management. The choice was made to place the member on rate control. Unfortunately he reported suffering hallucinations. While depression and fatigue are the commonest of side effects hallucinations are not an expected problem. The options would be to select another beta-blocker having the needed effect on the A-V node or move to a drug such as diltiazem (calcium channel blocker). The provider elected to go with another beta-blocker, Bystolic. In this circumstance an assessment of the member's rhythm would help to confirm efficacy and the status of the Atrial Fibrillation. Additionally the PVC's noted in the Exercise Stress Test could also be assessed with the use of the Holter Monitor. 24 and 48 hour ambulatory Holter monitoring are considered to be appropriate and necessary tools in both these rhythm disturbances as annotated in the UpToDate report on these two topics. Access to 24 and 48 hour continuous Holter monitoring is readily available from routine cardiology testing facilities. The request is not medically necessary.