Case Number:	CM14-0202653		
Date Assigned:	12/15/2014	**Date of Injury:**	11/09/2011
Decision Date:	03/20/2015	**UR Denial Date:**	11/18/2014
Priority:	Standard	**Application Received:**	12/03/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: New York
Certification(s)/Specialty: Internal Medicine

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 following clinical case summary was developed based on a review of the case file, including all medical records: The injured worker is a 48 year old male, who sustained an industrial injury on November 9, 2011. He has reported dizziness, and faintness. The diagnoses have included palpitations, and hypertension. Treatment to date has included holter monitor, medications, cardiac catheterization, and myocardial perfusion study. Currently, the IW complains of palpitations, and a fast heart rate. Physical findings reveal the heart to have a normal regular rate and rhythm. The records indicate a myocardial perfusion study was completed December 2011, revealing a small reversible defect involving the mid and distal inferior wall. He had a cardiac catheterization done in January 2012, which no evidence of significant coronary artery disease. An echocardiogram done in October 2014 was within normal limits. On November 18, 2014, Utilization Review non-certified loop recorder procedure based on MTUS guidelines. On December 3, 2014, the injured worker submitted an application for IMR for review of loop recorder procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Loop recorder procedure: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Olson JA, Fouts AM, Padanilam BJ, Prsyslowky EN. Utility of mobile cardiac outpatient telemetry for the diagnosis of palpitations, presyncope, syncope, and the assessment of therapy efficacy. J Cardiovasc Electrophysiol 2007

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine - Loop Recorder Procedure

Decision rationale: The implantable loop recorder (ILR) is a subcutaneous, single-lead, electrocardiographic (ECG) monitoring device used for diagnosis in patients with recurrent unexplained episodes of palpitations or syncope, for long-term monitoring in patients at risk for or with documented atrial fibrillation (AF), and for risk stratification in patients who have sustained a myocardial infarction (MI) and those who have certain genetic disorders. The device is typically implanted in the left parasternal region and is capable of storing ECG data automatically in response to a significant bradyarrhythmia or tachyarrhythmia or in response to patient activation. It is particularly useful either when symptoms are infrequent (and thus not amenable to diagnosis using short-term external ECG recording techniques) or when aggregate long-term data (eg, burden of AF) are required. Medical necessity for the requested item has not been established. The requested item is not medically necessary.