

Case Number:	CM14-0203918		
Date Assigned:	12/16/2014	Date of Injury:	04/07/2000
Decision Date:	02/28/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/05/2014

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. 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: California, Illinois
 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 injured worker is a 69-year-old male who reported an injury on 04/07/2000. The mechanism of injury was not submitted for review. The injured worker is a postop mitral valve repair and maze procedure. Past medical treatment consists of surgery and medication therapy. Medications consist of Levoxyl, Lipitor, losartan, Norvasc, Sotalol, Tamsulosin, and Xarelto. Diagnosis consists of a myocardial perfusion image, which was obtained on 07/02/2014, which revealed quality of the study was good. The injured worker achieved an adequate heart rate response to pharmacological stress. The left ventricle cavity was noted to be normal on the rest and stress studies. There was evidence of normal lung activity on stress and rest images. Additionally, the right ventricle was normal. SPECT images demonstrate homogeneous tracer distribution throughout the myocardium. Gated SPECT images revealed normal myocardial thickening and wall motion. The left ventricle ejection fraction was calculated or visually estimated to be 55%. On 11/10/2014, the injured worker denied any palpitation, chest pain, or shortness of breath. The physical examination revealed that the injured worker denied claudication pain, leg ulcers, or swelling of the legs. There was no dizziness, fainting, seizure, weakness, or paralysis. S1 was normal, S2 was normal with no gallop. No systolic murmur was heard. No diastolic murmur. The treatment plan is that the injured worker is on anticoagulation setting of valvular heart disease, is somewhat reluctant to undergo anticoagulation with Coumadin. The provider is recommending the injured worker to undergo event monitoring to determine his atrial fibrillation and flutter burden. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Event Monitor: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna: Clinical Policy Bulletin: Cardiac Event Monitors.

Decision rationale: The request for event monitoring is not medically necessary. According to Aetna, cardiac event monitors are medically necessary for evaluation of recurrent, unexplained episodes of presyncope, syncope, palpitations, or dizziness when both of the following criteria are met: A cardiac arrhythmia is suspected as the cause of symptoms; and members have a nondiagnostic Holter monitor, or symptoms occurring frequently, such as that the arrhythmia is unlikely to be diagnosed by monitoring. The submitted documentation indicated that the injured worker had no dizziness and was negative for palpitations. Additionally, there was no indication of the injured worker having any presyncope or syncope episodes. It is unclear how the provider feels that monitoring would be beneficial to the plan of care to the injured worker. Given the above, medical necessity has not been established. As such, the request is not medically necessary.