

Case Number:	CM14-0098659		
Date Assigned:	07/28/2014	Date of Injury:	12/27/2008
Decision Date:	03/31/2015	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/26/2014

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, Indiana, 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 52 year old female injured worker suffered an industrial injury on 12/27/2008. The testing included pulmonary function and stress testing sleep disordered breathing, respiratory study, overnight pulse oximetry and nasal function studies. The provider reported the injured worker complained of loud snoring, awakening gasping for breath, falling asleep in inopportune times and daytime sleepiness. The treating provider reported the results of cardiac testing from report of 5/21/2014 that the injured worker had abnormal responses to autonomic challenges. The Utilization Review Determination on 6/4/2014 non-certified 24 hour Holter Monitoring, citing Clinical Policy Bulletin: Holter Monitors.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 hour Holter Monitoring: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and physical assessment.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, 24-hour Holter monitor is not medically necessary. Thorough history taking is always important in the clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent on identifying and addressing previously unknown or undocumented medical or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain behavior. The history and physical examination serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and not simply for screening purposes. In this case, the injured worker's working diagnoses are gastritis; constipation; status post H. Pylori; hypertension; hypertensive retinopathy; diabetes mellitus; hyperlipidemia; sleep disorder; obstructive sleep apnea; possible microalbuminemia; Vitamin D insufficiency. Subjectively, there are no cardiac complaints such as palpitations or light headedness. Objectively, the physical examination is entirely normal with a normal blood pressure and heart rate with clear lung fields and a normal heart examination. There is no clinical indication for a 24-hour Holter monitor. There is no clinical information in the medical record indicating any type of heart malady. Consequently, absent clinical documentation suggestive of a heart related complaint, both subjectively and objectively, a 24-hour Holter monitor is not medically necessary.