

<b>Case Number:</b>	CM15-0104828		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	02/15/2005
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 sustained an industrial injury on February 15, 2005, incurring left knee and back injuries. Treatment included pain medications, anti-inflammatory drugs, cortisone injections, Synvisc injections, topical analgesic cream, physical therapy, and work restrictions. He was diagnosed with degenerative disc disease lumbar spine with stenosis, cervical radiculopathy, degenerative joint disease of the left knee and right olecranon bursitis. Currently, the injured worker complained of persistent left knee pain with restricted range of motion. He underwent a total knee replacement on January 9, 2015. Imaging revealed bone on bone of the lateral compartment and patellofemoral arthritis. Three weeks post operatively, the injured worker developed atrial fibrillation. The treatment plan that was requested for authorization included a consultation with an electro physiologist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with Electro physiologist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS ACOEM Chapter 7: Independent Medical Examinations and Consultations.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation up to date: overview of atrial fibrillation.

**Decision rationale:** This injured worker is a 69 year old man with a history of heart disease and atrial fibrillation who developed atrial fibrillation after a knee replacement surgery. The MD note of 4/29/15 indicated that he had not had chest pain or shortness of breath. His lungs were clear and his heart showed an irregular rate. His blood pressure was normal at 118/81 and no pulse was documented. He was tolerating his cardiac medications and was said to be awaiting ablation. At issue is a referral to an electro physiologist. He was seen by an electro physiologist in 12/14 and is status post TEE guided DCCV. Clinically, he is stable and his pulse is not documented in the recent note. The records do not justify why a referral to an electro physiologist is medically indicated at this point. Therefore, the requested treatment is not medically necessary.