

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0136222 |                              |            |
| <b>Date Assigned:</b> | 07/24/2015   | <b>Date of Injury:</b>       | 09/25/2014 |
| <b>Decision Date:</b> | 08/25/2015   | <b>UR Denial Date:</b>       | 06/17/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/14/2015 |

### 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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 39-year-old who has filed a claim for chronic shoulder, arm, mid back, and neck pain reportedly associated with an industrial injury of September 25, 2014. In a utilization review report dated June 17, 2015, the claims administrator failed to approve a request for ambulatory cardiac monitoring. The claims administrator referenced a June 12, 2015 RFA form and an associated office visit of April 27, 2015 in its determination. The claims administrator stated that its decision was based on Harrison's Textbook of Internal Medicine but did not furnish any citations from the same. The applicant's attorney subsequently appealed. In an April 23, 2015 consultation, the applicant was described as having sustained a recent hypertensive crisis. The applicant was scheduled to undergo an outpatient left shoulder arthroscopy but had apparently developed sudden-onset hypertension and tachycardia, it was reported. The attending provider stated that it was not clear whether the surgical procedure had been completed prior to the applicant's having developed a hypertensive crisis. The applicant was briefly intubated, it was reported. The applicant's peak troponin during the hospitalization was 3.58, it was reported. It was stated that the applicant had developed transient heart failure. The applicant denied any past significant cardiac history, it was reported. The applicant's past medical history was notable for depression, hysterectomy, and an oophorectomy. The applicant was on Desyrel, Flexeril, and Atarax, it was reported. The applicant's blood pressure was 112/78 with a pulse of 80 in the clinic, it was reported. EKG testing was within normal limits. The applicant was described as feeling better. The applicant was improving. The applicant was able

to walk half a mile. The attending provider stated that an event monitor was needed to exclude any significant cardiac arrhythmias in future. A stress echocardiogram was also sought.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Ambulatory cardiac monitoring (event monitoring):** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208. Decision based on Non-MTUS Citation <http://content.onlinejacc.org/article.aspx?articleid=1146889>Ambulatory External Electrocardiographic Monitoring J Am Coll Cardiol. 2011; 58(17): 1741-1749. doi: 10.1016/j.jacc. 2011.07.026.

**Decision rationale:** Yes, the request for ambulatory cardiac event monitoring was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 9, page 208, electrocardiography, possibly cardiac enzyme studies, and, by implication, the cardiac event monitoring at issue, may be needed to clarify apparent referred cardiac pain. Here, the applicant had sustained a heart attack and had briefly gone into heart failure while undergoing earlier shoulder surgery, the applicant's cardiologist reported on April 23, 2015. The applicant had admittedly reduced residual symptoms of shortness of breath present on the April 23, 2015 office visit in question. Obtaining cardiac event monitoring, thus, was indicated to identify versus exclude possible arrhythmia as a source of the applicant's residual symptoms of shortness of breath. The Journal of the American College of Cardiology (JACC) also notes that indications for ambulatory external electrocardiographic monitoring include capturing recordings which can be used to provide an explanation for an unexplained prior event and/or capture arrhythmic events which aid in assessing prognosis or treatment. Here, again, the applicant did have some residual symptoms of shortness of breath present on April 23, 2015. The applicant had also had a heart attack. Obtaining cardiac monitoring, thus, was indicated to determine whether or not the applicant had some underlying arrhythmia which was responsible for the applicant's prior heart attack and/or the applicant's more recent symptoms of shortness of breath. Therefore, the request was medically necessary.