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| Case Number: | CM15-0162138 | | |
| Date Assigned: | 08/28/2015 | Date of Injury: | 07/24/2013 |
| Decision Date: | 10/16/2015 | UR Denial Date: | 08/06/2015 |
| Priority: | Standard | Application Received: | 08/18/2015 |

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
 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 37 year old male who sustained an industrial-work injury on 7-24-13. He reported an initial complaint of pain in both upper extremities and headaches. The injured worker was diagnosed as having cumulative trauma of the bilateral upper extremities, bilateral cubital tunnel syndrome, and bilateral carpal tunnel syndrome. Treatment to date includes medication, restrictions of repetitive motion of upper extremities. Currently, the injured worker complained of headache, frequency in urination, musculoskeletal pain in the bilateral upper extremities, bilateral elbows, bilateral hands, bilateral wrists, and right shoulder as well as bouts of depression, stress, insomnia, and anxiety. Per the internal medicine consultative report on 7-1-15, exam noted hypertension, weight of 292 pounds. On 7-22-15, there was numbness and tingling in both hands, greater on the right. Exam noted positive Tinel's test at the ulnar nerve, sensory and motor exam was normal, full range of motion to the wrist, elbows, and all digits of the hands. Current plan of care included laboratory, electrocardiogram, impedance cardiology, 2-D echo, carotid ultrasound, and blood pressure monitor. The requested treatments include 7 Day Holter Monitor.

IMR ISSUES, DECISIONS AND RATIONALES

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

7 Day Holter Monitor: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2218473> and on the Non-MTUS <http://www.ncbi.nlm.nih.gov/pubmed/2376055>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2014: Holter Monitor.

Decision rationale: A Holter monitor system records and interprets a patient's heart rhythm over a 24-hour period (some record for 48-72 hours). To perform a Holter test, the physician or assistant hooks up the patient to the Holter monitor, which records his heart activity. Ambulatory ECG monitoring serves to document the cardiac rhythm during an episode of palpitations if this cannot be done by means of standard ECG, as in the case of short-lasting symptoms. Indeed, ambulatory ECG monitoring utilizes electrocardiographic recorders that are able to monitor the patient's cardiac rhythm for long periods of time or that can be activated by the patient when symptoms occur. The devices currently used for ambulatory ECG monitoring can be subdivided into two main categories: external and implantable. External devices comprise Holter recorders, hospital telemetry (reserved for hospitalized patients at high risk of malignant arrhythmias), event recorders, external loop recorders, and, very recently, mobile cardiac outpatient telemetry. Implantable devices comprise pacemakers and ICDs equipped with diagnostic features (used exclusively in patients requiring such devices for therapeutic purposes) and implantable loop recorders (ILRs). In this case, there is no documentation indicating the patient has any history of cardiac disease, syncope or pre-syncope. There is no specific indication for the requested 7 day Holter Monitor. Medical necessity for the requested test is not established. The requested test is not medically necessary.