

Case Number:	CM15-0169625		
Date Assigned:	09/10/2015	Date of Injury:	01/01/1989
Decision Date:	10/07/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/28/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 68 year old male, who sustained an industrial injury on January 1, 1989, incurring low back injuries. He was diagnosed with degenerative disc disease of the lumbar spine. Treatment included anti-inflammatory drugs and home exercise program. The injured worker had a history of hypertension, atrial flutter and paroxysmal atrial fibrillation and was status post ablation in March, 2003. Treatment for his atrial fibrillation included exercising, a gym membership, Yoga, diet and medications. Currently, on April 27, 2015, the injured worker reported a twelve hour isolated incident of atrial fibrillation. He complained of feeling weak and occasionally a low heart rate. The treatment plan that was requested for authorization on August 28, 2015, included a Fitbit charge heart rate machine to recognize an event of heart racing and an episode of atrial fibrillation. On July 30, a request for a Fitbit charge heart rate machine was not certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fitbit charge heart rate machine (cypress care) Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines and National Guidelines Clearinghouse including PubMed.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) durable medical equipment.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested item. Per the Official Disability Guidelines section on durable medical equipment, DME is primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness or injury. DME equipment is defined as equipment that can withstand repeated use i.e can be rented and used by successive patients, primarily serves a medical function and is appropriate for use in a patient's home. The equipment itself is not rentable or able to be used by successive patients. It does not serve a primary medical purpose that cannot be accomplished without it. Therefore criteria have not been met per the ODG and the request is not certified.