MAXIMUS Federal Services

Case Number:	CM15-0028083		
Date Assigned:	02/20/2015	Date of Injury:	01/04/1975
Decision Date:	04/20/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/13/2015

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: Arizona, Texas
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:

This 65 year old male sustained an industrial injury on 1/4/76. The injured worker was receiving ongoing care for diabetes mellitus and hypertension. In an office visit dated 1/26/15, the injured worker reported a recent episode of atrial fibrillation necessitating a trip to the Emergency Department. The injured worker reported being aware of previous episodes of fast or irregular heart beat but had received no treatment. While in the ED the injured worker received intravenous medication and converted to sinus rhythm. The injured worker was initiated on long acting Diltiazem. The injured worker's wife also reported witnessing him stop breathing at night for up to 45 seconds. Physical exam was remarkable for lungs clear to auscultation and heart with regular rate and rhythm without abnormal heart sound or murmur. Electrocardiogram (EKG) showed slight sinus bradycardia noted to be consistent with an EKG from 11/7/13. The treatment plan included a 14-day heart monitor and a sleep study following the 14-day monitor. On 2/10/15, Utilization Review noncertified a request for a sleep study, an echocardiogram and a fourteen (14) day heart monitor citing National Guideline Clearinghouse and ODG Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fourteen (14) day heart monitor: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Clinical Guidelines Center. Atrial fibrillation: the management of atrial fibrillation. London (UK): National Institute for Health and Care Excellence (NICE); 2014 Jun. 49 p. (Clinical guideline; no. 180).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UptoDate.com Overview of Atrial Fibrillation.

Decision rationale: The MTUS is silent regarding 14-day heart monitor for the treatment of atrial fibrillation. According to Uptodate.com regarding assessment of a patient in new onset atrial fibrillation, a holter monitoring or event recorders are used to identify the arrhythmia if it is intermittent and not captured on routine electrocardiography and assess overall ventricular response rates, especially in individuals where a rate control strategy has been chosen. In this case, the patient had proven atrial fibrillation during a hospitalization preceding the office visit on 1/26/15. The documentation does not support that a 14-day heart monitor is not medically necessary.

Echocardiogram: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System. Management of acute atrial fibrillation and atrial flutter in non-pregnant hospitalized adults. Ann Arbor (MI): University of Michigan Health System; 2014 May. p 26.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UptoDate.com Overview of atrial fibrillation.

Decision rationale: The MTUS is silent regarding the topic of echocardiogram in the treatment of atrial fibrillation. According to Uptodate.com echocardiogram. The transthoracic echocardiogram (TTE) is performed to evaluate the size of the right and left atria and the size and function of the right and left ventricles; to detect possible valvular heart disease, left ventricular hypertrophy, and pericardial disease; and to assess peak right ventricular pressure. The TTE may also identify left atrial thrombus, although the sensitivity is low. Transesophageal echocardiography is much more sensitive for identifying thrombi in the left atrium or left atrial appendage and can be used to determine the need for anticoagulation prior to any attempt at pharmacologic or electrical cardioversion. In this case, the patient had documented atrial fibrillation. They do not have any symptoms regarding cardiac disease but an assessment of cardiac function and anatomy are medically appropriate. Additional testing, Exercise testing is reasonable for patients with signs or symptoms of ischemic heart disease. It is also useful to help guide pharmacotherapy for AF, as some antiarrhythmic medications are contraindicated in patients with coronary artery disease. (See "Antiarrhythmic drugs to maintain sinus rhythm in patients with atrial fibrillation: Recommendations", section on 'Selecting an antiarrhythmic drug'.) Holter monitoring or event recorders are used to identify the arrhythmia if it is intermittent and not captured on routine electrocardiography and assess overall ventricular response rates, especially in individuals where a rate control strategy has been chosen.

Sleep study: Upheld

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

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

Decision rationale: The ODG states polysomnograms are recommended for the combination of indications listed below: 1. Excessive daytime somnolence; 2. Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); 3. Morning headache (other causes have been ruled out); 4. Intellectual deterioration (sudden, without suspicion of organic dementia); 5. Personality change (not secondary to medication, cerebral mass or known psychiatric problems); and 6. Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. In this case, the documentation doesn't support that the patient meets these criteria.