MAXIMUS Federal Services

Case Number:	CM15-0212751		
Date Assigned:	11/03/2015	Date of Injury:	03/11/2004
Decision Date:	12/14/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	10/29/2015

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: Maryland
Certification(s)/Specialty: Internal Medicine, Rheumatology

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 is a 56-year-old male with a date of industrial injury 3-11-2004. The medical records indicated the injured worker (IW) was treated for acute on chronic congestive heart failure, hypertension, myocardial infarction-status post stent (RFA-2011), ischemic cardiomyopathy and history of ventricular tachycardia. In the Initial Interrogation notes (5-7-15), it was noted that one 10-second ventricular tachycardia episode was treated by the implanted defibrillator on 4-5-15. The notes stated '[redacted] increase in March, back to baseline". The next [redacted] check was scheduled for 6-8-15. The 5-7-15 notes did not address any subjective complaints of symptoms during the episode or in the previous month when it appears his fluid level had increased. The 10-16-15 progress notes stated the IW was taking medications only intermittently. On examination (10-16-15 notes), there was edema in the lower legs. His lungs were clear. The IW had apparently started taking Lasix 120 mg daily on his own due to his edema. The IW was to return to the clinic on Monday (the visit took place on Friday) to be re-weighed. Treatments included medications, [redacted] implantation and defibrillator implantation. The IW was temporarily totally disabled. A Request for Authorization was received for [redacted] device checks every month for six months 11-10-15, 12-11-15, 1-11-16, 2-11-16, 3-13-16 and 4-13-16. The Utilization Review on 10-23-15 modified the request for [redacted] device checks every month for six months 11-10-15, 12-11-15, 1-11-16, 2-11-16, 3-13-16 and 4-13-16.

IMR ISSUES, DECISIONS AND RATIONALES

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

[redacted] Device Checks Every Month for 6 Months (11/10/15, 12/11/15, 1/11/16, 2/11/16, 3/13/16, 4/13/16): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Implantable Hemodynamic Monitoring in Heart Failure. EP Lab Digest. Cardiovascular Medicine. January 2011. Vol 1:1; Implantable cardioverter-defibrillators. American Journal of Medicine. 1999 Apr; 106(4): 446-58.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.UpToDate.com.

Decision rationale: This 56 year old male has complained of congestive heart failure, tachycardia and hypertension since date of injury 3/11/2004. He has been treated with defibrillator placement, [redacted] placement and medications. The current request is for [redacted] Device Checks Every Month for 6 Months (11/10/15, 12/11/15, 1/11/16, 2/11/16, 3/13/16, 4/13/16). The available medical records do not document provider rationale for the current request nor is there supporting documentation for the necessity of obtaining [redacted] device checks at the requested frequency. On the basis of the available medical records and per the guidelines cited above, the request for [redacted] Device Checks Every Month for 6 Months (11/10/15, 12/11/15, 1/11/16, 2/11/16, 3/13/16, 4/13/16) is not indicated as medically necessary.