

Case Number:	CM15-0225967		
Date Assigned:	11/24/2015	Date of Injury:	02/17/2011
Decision Date:	12/31/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	11/17/2015

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 50 year old female, who sustained an industrial injury on 2-17-2011. Diagnoses include sleep apnea and palpitations, hypertension, fatty liver, irritable bowel syndrome, and gastroesophageal syndrome. Treatments to date include activity modification, medication therapy, and physical therapy. On 7-27-15, she reported a fluttery sensation, without symptoms of syncope. The physical examination documented heart rate was normal sinus rhythm and lungs were clear to auscultation. The plan of care included a Holter monitor, medication refill, a request for a sleep study and blood evaluations. On 10-12-15, she complained of palpitations on a daily basis. The physical examination documented heart rate was normal sinus rhythm and lungs were clear to auscultation. The plan of care included Holter monitor removal, request for Zio Patch, a request for sleep study, and prescriptions for Zantac and Atenolol. The appeal requested authorization for a Zio patch for cardiac monitoring-Holter-monitoring. The Utilization Review dated 10-20-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zio Patch: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation up-to date, heart palpitations.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The up-to date guidelines do support the use of Holtor monitors in the evaluation of symptomatic palpitations. The patient has complained of a fluttering sensation however physical exam and Holtor monitor have all been normal. The addition of a Zio patch does not seem medically indicated based on the physical exam and other reported results. Therefore the request is not medically necessary.