

<b>Case Number:</b>	CM15-0040497		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	06/05/2009
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 55 year old male, who sustained an industrial injury on 6/05/2009. He was diagnosed as having hypertension, obstructive sleep apnea on CPAP, displacement cervical disc, headache and other affecting shoulder region. Treatment to date has included medications, specialist referrals and diagnostics. Per the Primary Treating Physician's Progress Report dated 2/18/2015, the injured worker reported poor sleep quality. His blood pressure is controlled with Ambulator. He could independently perform most of his activities of daily living and used a cane, sock grabber and wiping stick for assistance. His medical history is also remarkable for asthma. Physical examination revealed normal blood pressure and pulse, clear lungs and heart with regular rate and rhythm. There is a differed diagnosis of palpitations; rule out anxiety vs. cardiac. The plan of care included a Cardionet MCOT study and cardiorespiratory testing, an ophthalmology consultation and a home health worker to transport the injured worker for emergency or supplies. The injured worker is instructed to adhere to a course of sleep hygiene and keep a blood pressure diary. Authorization was requested on 2/18/2015 for a Cardionet MCOT study, an ophthalmology consultation and home health care worker. Cardiorespiratory testing was ordered previously.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cardionet MCOT study:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation March 16, 2012. National Heart, Lung and Blood Tissue Institute. What are Holter and Event Monitors.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation up-to-date: Ambulatory monitoring in the assessment of cardiac arrhythmias.

**Decision rationale:** Cardionet MCOT study or ambulatory ECG monitoring is generally performed for the evaluation of unexplained syncope, near syncope, or dizziness, or for the evaluation of unexplained recurrent palpitations. Diagnostic yields are low in the 15 percent or less range. This injured worker has a history of hypertension and sleep apnea but no other documented cardiac comorbidities or symptoms. There is no documentation of syncope or dizziness and his cardiopulmonary exam and vitals are normal. In this injured worker, the records do not support the medical necessity of a Cardionet MCOT study.

**Cardio-respiratory test:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Forman DE, Fleg JL, Kitzman DW, et al. 6-min walk test provides prognostic utility comparable to cardiopulmonary exercise testing in ambulatory outpatients with systolic heart failure. J Am Coll Cardiol. 2012; 60.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-to-date: Ambulatory monitoring in the assessment of cardiac arrhythmias.

**Decision rationale:** Cardiorespiratory testing is very non-specific. Cardiac and respiratory testing may be performed for the evaluation of unexplained syncope, near syncope, chest pain, shortness of breath or other significant symptoms. This injured worker has a history of hypertension and sleep apnea but no other documented cardiac comorbidities or symptoms. There is no documentation of syncope, chest pain or shortness of breath and his cardiopulmonary exam and vitals are normal. In this injured worker, the records do not support the medical necessity of a cardiorespiratory test.

**Home health care worker:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 51.

**Decision rationale:** This injured worker has chronic pain and uses a cane for mobility but can complete most of his activities of daily living independently. Home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. In the case of this injured worker, the records do not substantiate that the worker is homebound or that he has significant functional impairment in his activities of daily living to justify a home healthcare worker. The records do not support the medical necessity for home health care worker services.