

Case Number:	CM15-0041466		
Date Assigned:	03/11/2015	Date of Injury:	11/16/2007
Decision Date:	04/14/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/04/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 61 year old male who sustained an industrial injury on 11/16/2007. Current diagnoses include coronary artery disease, atrial fibrillation, paroxysmal ischemic cardiomyopathy, and heart failure left side with ejection fraction of 31-40%. Previous treatments included medication management, stent placement in 2007, and coronary angioplasty to the left anterior descending artery with stent placement on 12/19/2014. Report dated 02/03/2015 noted that the injured worker presented for follow-up. The physician noted that the injured worker is a candidate for a defibrillator and needs an echocardiogram. Physical examination was not included. A report dated 01/30/2015 from a cardiologist notes that the injured worker has coronary artery disease and ischemic cardiomyopathy (heart failure), conditions that will increase his sudden cardiac death risks and risk of recurrent heart attacks. It was further stated that the injured worker lives alone and can benefit from life alert or life station system that can enable him to more easily alert emergency services.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Life Alert or Life Station system: 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. A literature search was performed with no evidence found to substantiate the request.

Decision rationale: The MTUS and ODG guidelines provide no position on the use of medical alert systems with respect to the potential event of myocardial infarction. A search of the literature provided no epidemiologic evidence of decreased morbidity/mortality with use of medical alert systems. With no evidence-based recommendations from the preferred guidelines and no evidence in favor of use based on a literature search, it is the opinion of this reviewer that while the injured worker may benefit from such a system as a protective measure, the request cannot be considered medically necessary based on the provided information and current medical evidence.