MAXIMUS Federal Services

Case Number:	CM15-0053203		
Date Assigned:	03/26/2015	Date of Injury:	06/30/2013
Decision Date:	05/04/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/20/2015

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: California, 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:

This 51 year old man sustained an industrial injury on 6/30/2013. The mechanism of injury is not detailed. Diagnoses include atrial fibrillation, atrial tachycardia, benign hypertensive heart disease without heart failure, obesity, and cardiomyopathy. Treatment has included oral medications, ablation, and cardio version. Physician notes dated 2/11/2015 show atrial flutter following ablation. Recommendations include discontinue Amiodarone, continue to follow cardiac event monitor, echocardiogram, and exercise stress test with myocardial perfusion imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

Echocardiogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.gov.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Role of echocardiography in atrial fibrillation, Warren J. Manning, UpToDate, 2015.

Decision rationale: CA MTUS guidelines and ODG do not address this topic. Nearly all patients presenting with their first episode of atrial fibrillation will benefit from transthoracic echocardiographic evaluation of left atrial size, left ventricular systolic function, and mitral valve morphology and function. In this patient, it is not clear whether he had a previous echocardiogam at the time of diagnosis, although he presumably did according to the prevailing standard of care. Repeated transthoracic echocardiographic examinations for recurrent atrial fibrillation or flutter are not necessary unless the clinical presentation has changed. This patient is asymptomatic and able to exercise. Given the lack of evidence of a previous echocardiogram, this request is not medically necessary at this time.

Myocardial perfusion stress imaging: 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 Hendel RC, et al. A multicenter assessment of the use of single photon emission CT myocardial perfusion imaging with appropriateness criteria. J Am Col Cardiology.

Decision rationale: Peer reviewed literature form the Journal of the American College of Cardiology recommend the myocardial perfusion testing for patients with a history of chest pain and the possibility of cardiac disease. While this patient has no history of chest pain, he does have significant risk factors for cardiac disease, including hypertension, obesity, diabetes and an abnormal EKG showing left ventricular hypertrophy. However, it is unclear based on the clinical records as to whether he has a myocardial perfusion scan over the past year. If so, he would not warrant a repeat exam given his symptoms. Thus, the request must be found not medically necessary at this time.