

Case Number:	CM15-0010757		
Date Assigned:	01/28/2015	Date of Injury:	04/01/2014
Decision Date:	03/24/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/20/2015

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: 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:

This 60 year old male sustained an industrial injury on 5/26/11. He subsequently reports hearing loss, headache depression and anxiety. Prior treatments include consultations with an Ear, Nose and Throat specialist, audiologist, neurologist and underwent a sleep study. The UR decision dated 12/30/14 non-certified the cardiology evaluation and treatment. He has a history of hypertension and underwent echocardiogram which showed left ventricular hypertrophy and normal ejection fraction. Prior physical exams show normal heart and lung exam. An EKG done on 10/6/14 showed bradycardia and he had a blood pressure of 145/80. His medications included a beta-blocker and amlodipine. The cardiology evaluation and treatment was denied based on CA MTUS ACOEM Practice guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cardiology evaluation and treatment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation uptodate: Approach to the patient with dizziness

Decision rationale: At issue is a cardiac evaluation to rule out a cardiogenic cause that could be contributing to the worker's dizziness. This worker has had prior cardiac testing including EKG and echocardiogram. He has a normal cardiac and respiratory exam and no documentation of cardiac symptoms. There is nothing in the history or physical exam to suggest a cardiac cause for his dizziness or syncope. The medical necessity of a cardiology evaluation and treatment is not substantiated in the records.