

<b>Case Number:</b>	CM15-0114092		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	02/17/2015
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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

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:

This 54 year old male sustained an industrial injury on 1/17/15. He subsequently reported chest pains. Diagnoses include benign essential hypertension. Treatments to date include cardiac diagnostic testing and prescription medications. The injured worker continues to experience left sided chest pain and shortness of breath. Upon examination, the injured worker was oriented x3, blood pressure was 152/30 to 164/ 104. Lung sounds were clear, heart rate and rhythm were normal. A request for 24hr holter monitor Qty: 1.00 was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**24hr holter monitor Qty: 1.00:** 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 ACC/AHA guidelines for ambulatory electrocardiography; Journal of the American College of Cardiology. 1999; 34(3):912-948.

**Decision rationale:** According to Guidelines from the American College of Cardiology and the American Heart Association, Holter monitoring is indicated in the following circumstances: Class I: 1. Patients with unexplained syncope, near syncope, or episodic dizziness in whom the cause is not obvious. 2. Patients with unexplained recurrent palpitation. Class IIb: 1. Patients with episodic shortness of breath, chest pain, or fatigue that is not otherwise explained. 2. Patients with neurological events when transient atrial fibrillation or flutter is suspected. 3. Patients with symptoms such as syncope, near syncope, episodic dizziness, or palpitation in whom a probable cause other than an arrhythmia has been identified but in whom symptoms persist despite treatment of this other cause. Class III: 1. Patients with symptoms such as syncope, near syncope, episodic dizziness, or palpitation in whom other causes have been identified by history, physical examination, or laboratory tests. 2. Patients with cerebrovascular accidents, without other evidence of arrhythmia. In this case, the Holter monitor test was ordered at the same time as an echocardiogram and cardiac stress test. According to the above Guidelines, a Holter monitor test is ordered when other causes for symptomatology have been ruled out and the symptoms remain unexplained. The primary cardiac workup has yet to be completed; consequently, secondary testing with the use of a Holter monitor is not currently necessary. In addition, the previous utilization review officer who contacted the requesting physician stated in his report that when the requesting physician was questioned as to why the Holter monitor was ordered, that physician did not know. Holter monitor test is not medically necessary.