

Case Number:	CM13-0014036		
Date Assigned:	02/26/2014	Date of Injury:	06/15/2008
Decision Date:	07/07/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Internal Medicine, and is licensed to practice in California. 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 Physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 66 year old male who was injured on 06/15/2008. The mechanism of injury is unknown. Diagnostic studies reviewed include hemodynamic study dated 04/15/2013 revealed a systolic blood pressure of 140 and a diastolic blood pressure of 76 and mean arterial pressure is 91. Progress report dated 07/08/2013 indicated the patient complained of numbness and tingling around his lips and hands as well as swelling of the hands. He reported an increase in reflex symptoms. On exam, his blood pressure was 120/80. He had sinus tachycardia without murmur, gallop, or click. Diagnoses are hypertension with left ventricular hypertrophy and moderate restrictive disease. The treatment and plan included Xanax, Symbicor, and Singulair. Prior utilization review dated 07/22/2013 states the request for impedance plethysmography - duplicate in error is non-certified as there is no substantial evidence that suggests exacerbation of symptoms therefore it is not clear why a repeat study is warranted.

IMR ISSUES, DECISIONS AND RATIONALES

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

IMPEDANCE PLETHYSMOGRAPHY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ESSENTIALS OF PHYSICAL MEDICINE AND REHABILITATION.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: The Essentials of Physical Medicine and Rehabilitation.

Decision rationale: The California MTUS and ODG are silent on the disputed issue. The Essentials of Physical Medicine and Rehabilitation indicates that impedance plethysmography is used to evaluate for venous thrombosis. Some of the clinical documents provided are handwritten and illegible. The documents do not sufficiently discuss subjective and objective findings which are concerning for venous thrombosis or why the test is being ordered. The test was performed previously and it is unclear why a repeat study is needed at this time. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.