

Case Number:	CM13-0023978		
Date Assigned:	12/18/2013	Date of Injury:	06/30/2008
Decision Date:	02/03/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/13/2013

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, has a subspecialty in Cardiology and is licensed to practice in Texas. 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 54-year-old female who reported an injury on 12/04/2007. The mechanism of injury was not provided for review. The patient complained of chronic cervical spine pain radiating into the left upper extremity and left shoulder pain. The patient underwent impedance plethysmography to assess her vascular resistance index which was measured at a blood pressure of 127/80 and systemic vascular resistance index (SVRI) of 1,839. The patient's diagnoses included diabetic retinopathy with proteinuria, hypertension, and uncontrolled diabetes. The most recent chart note submitted for this review was an incomplete chart note from 04/10/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hemodynamic study (total body plethysmography), DOS: 8/19/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Transthoracic electrical bioimpedance cardiac output: comparison with multigated equilibrium radionuclide cardiography. J Clin Monit Compt. 2010 Apr;24(2):155-9. Centers for Medicare & Medicaid Services (CMS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, hypertension and renal function Page(s): s 69-70. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Bornzin, G. A., Hou, W., Karst, E., Wenzel, B. J., & Fayram, T. A. (2010). U.S. Patent Application 12/964,625.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS), 2009, American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, Second Edition (2004), and Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, do not address hemodynamic studies. The requested hemodynamic study (total body plethysmography), DOS 08/19/2013 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient had a plethysmography study in 04/2013. There was no clinical documentation to provide evidence that the patient had a significant change in presentation to warrant additional hemodynamic studies. Also, the clinical documentation submitted for review did not provide any evidence that lower level diagnostic testing could not provide adequate information to contribute to the patient's treatment planning. As such, the requested hemodynamic study (total body plethysmography), DOS 08/19/2013 is not medically necessary or appropriate.