

Case Number:	CM13-0024310		
Date Assigned:	11/27/2013	Date of Injury:	04/13/2009
Decision Date:	09/05/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	09/13/2013

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. The expert 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 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/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 52-year-old female who has submitted a claim for essential hypertension, diabetes mellitus and weight gain associated with an industrial injury date of April 13, 2009. Medical records from 2013 were reviewed, the latest of which dated July 2, 2013, revealed that the patient continues to have evidence of hypertension, diabetes, and weight gain. Treatment to date has included the medications Atarax, Hydrochlorothiazide and Metformin. Utilization review from August 14, 2013 modified the request for Immediate Referral to a Cardiologist to Immediate Referral to a Cardiologist x 1, because the patient presents with beginning signs of congestive heart failure with persistent symptoms of shortness of breath.

IMR ISSUES, DECISIONS AND RATIONALES

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

IMMEDIATE REFERRAL TO CARDIOLOGIST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, pages 127, 156.

Decision rationale: ACOEM Guidelines state consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex; when psychosocial factors are present; or when the plan or course of care may benefit from additional expertise. The patient was diagnosed with essential hypertension, diabetes mellitus and weight gain. Referral to a cardiologist was requested because the patient presents with the beginning signs of congestive heart failure. In the progress note dated July 2, 2013, the patient continues to have evidence of hypertension, diabetes, and weight gain. There are no additional recent clinical evaluations, or ancillary diagnostic procedures that would support congestive heart failure in this patient at the present time. Therefore, the request is not medically necessary.