

Case Number:	CM13-0025657		
Date Assigned:	11/20/2013	Date of Injury:	08/21/2009
Decision Date:	01/16/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/17/2013

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 New York. 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 claimant is a 38 year old male who sustained a work related injury on 08/21/2009. The mechanism of injury was a crush injury to the left knee. He has diagnoses of reflex sympathetic dystrophy of the left leg, chronic pain, depression, hypertension, and insomnia. Per the medical documentation, the hypertension has been contributed to by the claimant's conditions of chronic pain, depression, insomnia, and use of the nonsteroidal anti-inflammatory medication, Ketoprofen. In addition, he also has a documented 25 pound weight gain since the injury. On exam he has continued left leg pain primarily involving the left knee. He has an antalgic gait, with spasm in the left quadriceps and associated atrophy; the left patella is hypermobile. The treating provider has requested an Internal Medicine consultation for hypertension management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal medicine consultation for hypertension management: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS 2009: ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004 Page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) page 127.

Decision rationale: The documentation indicates that the claimant has a diagnosis of hypertension. He also has a history of hypercholesterolemia. There have been reported blood pressure readings to a high of 170/114, which would reflect Grade III hypertension. The claimant's increased blood pressure has been contributed to by his chronic pain condition, depression, insomnia, weight gain, and use of nonsteroidal anti-inflammatory medication. All these contributing factors are a direct result of the work related injury that took place on 08/21/2009. Given his other vascular risk factor of hypercholesterolemia he requires medical treatment for his blood pressure. Per the Occupational Medicine Practice Guidelines, a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex when the patient's care may benefit from additional expertise. In this case, an internal medicine consultation for the evaluation and treatment of the claimant's blood pressure is indicated. Medical necessity for the requested service has been established. The requested service is medically necessary.