

Case Number:	CM13-0032795		
Date Assigned:	12/06/2013	Date of Injury:	09/03/2004
Decision Date:	01/27/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	10/08/2013

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 Cardiology, has a subspecialty in Cardiovascular Disease, 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 48-year-old male who reported an injury on 09/03/2004. The patient was being treated for hypertension, sleep apnea disorder, and an orthopedic condition. The most recent clinical evaluation provides physical findings to include blood pressure rated at 130/82. The patient's treatment plan included wearing a CPAP nightly, decreased medication, and continuation of diet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hemodynamic Study: DOS 08/14/2013: 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 Russell Jr., R.O., Mantle, J.A., Rogers, W.J., & Rackley, C.E. (1981). Current status of hemodynamic monitoring: indication, diagnoses, complications. Cardiovascular clinics, 11(3), 1.

Decision rationale: The requested Hemodynamic Study is not medically necessary or appropriate. A peer reviewed article, "Current status of hemodynamic monitoring: indication,

diagnoses, complications," states that "indications for hemodynamic monitoring include the need to assess left ventricle function, to estimate patient prognosis, to monitor cardiac performance, to study the cardiac response to drugs, to evaluate new methods of treatment, and to diagnose and treat cardiac dysrhythmias." The clinical documentation submitted for review does not provide any evidence that the employee suffers from any significant cardiac related conditions aside from hypertension. The employee's hypertension appears to be well controlled as a result of medication usage. The very limited examination findings do not support the need for this type of testing. As such, the requested hemodynamic study: DOS 08/14/2013 is not medically necessary or appropriate.