

Case Number:	CM13-0034316		
Date Assigned:	12/06/2013	Date of Injury:	10/13/2011
Decision Date:	04/01/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/15/2013

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 least at 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 53 year old female who sustained a work injury on 10/13/11. The mechanism of injury was not provided. Her diagnoses include cervical/lumbar discopathy, carpal tunnel syndrome with double crush syndrome, internal derangement of the left knee, and plantar fasciitis of the right foot. She continues to complain of low back pain with continued lack of bowel and bladder control and has been recommended to undergo surgical intervention. She also has continued neck, left knee, and right foot pain. On exam she has tenderness in the lumbar spine with limited range of motion. There are dysesthesias in the L5-S1 dermatomes. Treatment has included medical therapy and a recommendation for surgical intervention. The treating provider has recommended a hemodynamic study.

IMR ISSUES, DECISIONS AND RATIONALES

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

HEMODYNAMIC STUDY: 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 Medscape Internal Medicine 2013: Hemodynamic evaluations

Decision rationale: Hemodynamics or hÃ¼modynamics, meaning literally "blood flow, motion and equilibrium under the action of external forces", is the study of blood flow or the circulation. It explains the physical laws that govern the flow of blood in the blood vessels. Hemodynamic monitoring is the observation of hemodynamic parameters over time, such as blood pressure and heart rate. Blood pressure can be monitored either invasively through an inserted blood pressure transducer assembly (providing continuous monitoring), or noninvasively by repeatedly measuring the blood pressure with an inflatable blood pressure cuff. There is no specific indication for the requested study. No specific study has been requested by the treating provider. Medical necessity for the requested item has not been established. The requested item is not medically necessary.