

Case Number:	CM13-0043181		
Date Assigned:	03/26/2014	Date of Injury:	09/27/2011
Decision Date:	08/15/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/31/2013

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 injured worker is a 66 year old woman whose date of injury was September 27, 2011. The injured worker was seen by her primary treating physician on 11/20/2012 and listed diagnoses included hypertension, atrial enlargement and insomnia. The injured worker reported her blood pressure was better controlled, no chest pain or shortness of breath was noted. Blood pressure was recorded in the normal range. A visit dated 1/10/2013 by a physician but the signature and stamp are not legible. She was noted to have lumbar radiculopathy, knee arthroscopy in the past, and L4 on L5 anterolisthesis. The injured worker was seen again on 10/8/2013 by her primary treating physician and noted to have a blood pressure of 130/80 and 165/92. Chest pain was not reported at that time. The rest of the note is illegible but listed diagnoses included left atrial enlargement, hypertension and insomnia. She was asked to check her blood pressure daily and was given Benicar 20 mg daily. She had a hemodynamic study done on 10/8/2013 but the report was unsigned. It indicated slightly elevated systemic vascular resistance and index in addition to known elevated blood pressure.

IMR ISSUES, DECISIONS AND RATIONALES

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

HEMODYNAMIC STUDY (DOS: 10/8/13): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Plethysmography, bcbsms.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:Hypertension. 2008; 51: 1403-1419.

Decision rationale: The use of plethysmography OR hemodynamic studies in the evaluation of hypertension is not the standard of care by any guideline of which the reviewer is aware including guidance from the Joint National Commission. It is a technique that is validated for diagnosis of peripheral arterial disease and deep venous extremity thrombosis in clinical practice. As indicated in the utilization management report citations, hypertension is not an indication to perform plethysmography per the [REDACTED] without exceptions. The respected textbook of medicine, Harrison's Principles of Internal Medicine, 18th Ed, Chapter on Systemic Hypertension does not mention the use of plethysmography for evaluation either. As such, the request for plethysmography for hypertension evaluation is not medically necessary.