

Case Number:	CM13-0043434		
Date Assigned:	01/08/2014	Date of Injury:	12/17/2003
Decision Date:	03/27/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/24/2013

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 Physical Medicine and Rehabilitation, 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 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 62-year-old female who reported an injury on 12/17/2003, after she reportedly sustained an injury while making a bed. The patient's treatment history included medications, physical therapy, and epidural steroid injections. The patient's most recent clinical evaluation documented that the patient experienced chest pain related to anxiety and complained of chest pain, palpitations, shortness of breath, and hypertension. The patient's cardiovascular system was evaluated and it was determined that the patient had a regular rate and rhythm with a grade 1 out of 6 systolic murmur. It was noted that the patient had a maximum impulse within normal limits with 2+ pulses bilaterally and normal carotid upstrokes. The patient's history included uncontrolled hypertension, palpitations with exertion, and dyspnea on exertion. A request was made for 1 ICG, 1 24-hour Holter monitor, Doppler echocardiogram, and 1 stress echocardiogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

ICG/Impedance Cardiography: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Kamath SA, Drazner, MH, Tasissa G, Rogers JG, Stevenson LW, Yancy CW. Correlation of impedance cardiography with invasive hemodynamic measurements in patients with advanced heart failure; the BioImpedance CardioGraphy (BIG) substudy of the Evaluation Study of Cong

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Zielińska, A., Dudek, H., & Cybulski, G. (2014, January), Application of Impedance Cardiography for Hemodynamic Monitoring in Patients with Ischemic Stroke. In XIII Mediterranean Conference on Medical and Biological Engineering and Computing 2013 (pp. 993-995)

Decision rationale: The requested impedance cardiography is not medically necessary or appropriate. Peer-reviewed literature indicates that this type of hemodynamic monitoring is appropriate for critically ill patients who require close monitoring in a hospital setting. The clinical documentation submitted for review does not provide any evidence that the patient is critically ill and requires admission into a hospital setting. Additionally, there was no documentation of significant abnormalities in the patient's vital signs or cardiovascular assessment. As such, the requested ICG/impedance cardiography is not medically necessary or appropriate.