

<b>Case Number:</b>	CM13-0050771		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/09/2010
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 48-year-old male who reported an injury on 03/09/2010 due to a fall from a truck that reportedly caused injury to his neck, back, head, upper and lower extremities, and heart. The patient was evaluated with a Holter monitor that provided evidence of supraventricular tachycardia. The patient underwent a stress test and echocardiogram that showed an enlarged left atrium. The patient's most recent clinical evaluation revealed a blood pressure of 119/73 and it was noted that the patient had had a decrease in headaches and a decrease in severity of symptoms. The patient's diagnoses included hypertension, left atrial enlargement, and migraines. The patient's treatment plan included hemodynamic study.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Hemodynamic study for DOS 10/08/13: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://www.bcbsms.com/com/bcbsms/apps/PolicySearch/views/ViewPolicy.php?&noprnt=yes&path=%2Fpolicy%2Femed%2FPlethysmography.html>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation on Alpert, J. S., & Ewy, G. A. (2002). Manual of cardiovascular diagnosis and therapy. Lippincott Williams & Wilkins.

**Decision rationale:** The requested hemodynamic study for date of service 10/08/2013 is not medically necessary or appropriate. In the Manual of Cardiovascular Diagnosis and Therapy, hemodynamic monitoring is only recommended for critically ill patients with severe cardiac, respiratory, or renal failure. The clinical documentation submitted for review does not provide any evidence that the patient has had ventricular failure, severe unstable pulmonary, cardiac, or renal symptoms or is critically ill in any way. Therefore, the need for a hemodynamic study is not indicated. As such, the requested hemodynamic study for date of service 10/08/2013 is not medically necessary or appropriate.