

<b>Case Number:</b>	CM13-0050808		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/30/2012
<b>Decision Date:</b>	05/06/2014	<b>UR Denial Date:</b>	10/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2013

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for hypertension, gastroesophageal reflux disease (GERD), reflux, restrictive lung disease, and sleep apnea reportedly associated with an industrial injury of January 30, 2012. Thus far, the applicant has been treated with attorney representation; blood pressure lowering medications; transfer of care to and from various providers in various specialties and extensive periods of time off of work. In a utilization review report of October 14, 2013, the claims administrator denied a request for a hemodynamic study, citing Blue Cross Blue Shield Guidelines. The applicant's attorney subsequently appealed. In a December 4, 2013 progress note the applicant is described as using Cozaar for hypertension. The applicant is reportedly stable on the same, with a blood pressure of 130/79. The applicant is also stable on various inhalers, including Albuterol. The applicant is asked to make appropriate dietary changes. Various medications are refilled. It is noted that some portions of the applicant's claim have been contested by the claims administrator. In an earlier handwritten note of October 9, 2013, the applicant's blood pressure is again described as stable, at 124/89, on Cozaar. It was stated that the applicant had retired. It appeared that the attending provider sought authorization for a hemodynamic study (CPT code 93720) on that date, while renewing Cozaar.

### 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 base their decision on the MTUS. Decision based on Non-MTUS Citation FRONTERA: ESSENTIALS OF PHYSICAL MEDICINE AND REHABILITATION, 1ST ED., HANLEY AND BELFUS, 530-532.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MANUAL OF CARDIOVASCULAR DIAGNOSIS AND THERAPY, CHAPTER 9, HEMODYNAMIC MONITORING.

**Decision rationale:** The California MTUS does not address the topic. As noted in the Manual of Cardiovascular Diagnosis and Therapy, hemodynamic monitoring indications include assessment of left and right ventricular function, to monitor changes in hemodynamic status, to guide therapy with a variety of vasoactive, inotropic, and/or antiarrhythmic medications and/or to provide diagnostic information. Hemodynamic monitoring is often appropriate in critically ill individuals in the intensive care unit. In this case, however, there is no evidence that the claimant is critically ill. There is no evidence that the claimant was admitted to the hospital or intensive care unit. No clear rationale for the study was provided. The documentation on file, as previously noted, was sparse, handwritten, not entirely legible, and quite difficult to follow. The claimant's blood pressure was described as stable on multiple office visits, referenced above. Thus, there is no evidence of any progressively worsening cardiac issue or cardiomyopathy for which hemodynamic monitoring or hemodynamic studies would be indicated. Therefore, the request is not certified, on independent medical review.