

Case Number:	CM13-0051133		
Date Assigned:	12/27/2013	Date of Injury:	06/07/2001
Decision Date:	02/28/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/30/2013

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 Family Medicine and is licensed to practice in Texas. 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 was a 59 year old male with a history of injury due to an explosion in June 2001. The patient was seen for complaints of chest pain in the sternal area on the left. Upon examination on 09/19/2013 the patient stated that lifting aggravated the pain and medications relieved it. The patient also complained of pain to the epigastric region which he rated 6/10. The patient's vital signs upon examination were blood pressure 179/100 and pulse 71. It was noted that he was in no obvious distress. The patient had labs ordered and it was noted that a cardiology consultation would be considered if the patient's symptoms persisted. The treatment plan noted a blood pressure cuff and cardiology consultation were being recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Blood pressure cuff: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Durable Medical Equipment (DME).

Decision rationale: The request for Blood Pressure Cuff is certified. The patient was recommended to keep a log of his blood pressure in relation to his activity level and diet. The

Official Disability Guidelines recommend the use of durable medical equipment for patients when illness/ injury is present and the equipment can be used in home. The patient was noted to have elevated blood pressure upon examination on 08/05/2013 (189/125) and 09/16/2013 (179/100). The patient declined medicinal intervention. The patient was recommended to monitor his blood pressure at home. However, the clinical information provided failed to provide a rationale as to why the patient could not obtain blood pressure readings from other outside sources versus purchasing a personal machine. Given the information submitted for review the request for blood pressure cuff is non-certified.

cardiology consult: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, Office visits.

Decision rationale: The request for a cardiology consult is non-certified. The patient was noted to have elevated blood pressure and complaints of chest pain which was relieved with medication. The Official Disability Guidelines recommend office visits be based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. It was noted the patient would be recommended for a cardiology consult if his symptoms persisted or if there were abnormal findings. The documentation submitted for review did not support abnormal findings. Furthermore, there was no further documentation submitted to support the patient's symptoms persisted. Given the information submitted for review the request for a cardiology consult is non-certified.