

Case Number:	CM13-0051299		
Date Assigned:	12/27/2013	Date of Injury:	07/22/2005
Decision Date:	07/29/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/14/2013

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, Pulmonary Diseases 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 56-year-old female who reported an injury on 09/27/2011. The mechanism of injury was not specifically stated. The current diagnoses include hypertension with left atrial enlargement and insomnia. The injured worker was evaluated on 10/15/2013. Objective findings included a blood pressure of 123/77 and a weight of 215 pounds. Treatment recommendations included a prescription for Bystolic 25 mg. A Request for Authorization Form was then submitted on 10/15/2013 for a 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 10/15/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state the clinician can think about differential diagnoses, whether they are of an occupational or nonoccupational nature. A detailed history and physical examination should be conducted. Special studies may be used to determine the presence of conditions that might be helped by surgical or medical therapy

more intensive or specialized than that described in these guidelines. However, the occupational health professional managing the case must be sure that these studies are indicated and are specific and sensitive for the related condition. The current request for a hemodynamic study cannot be determined as medically appropriate. The nature of the study and its indications are not described. As the medical necessity has not be established, the request is not medically necessary and appropriate.