

<b>Case Number:</b>	CM13-0056704		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/27/2010
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	10/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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 Internal Medicine and is licensed to practice in New York. 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 claimant is 57 yo male who sustained an injury on 02/27/2010. The mechanism of injury was not provided. His diagnoses include hypertension, insomnia, and obstructive airways disease. Claims related to the injury involve the back, skin, left wrist, left shoulder, and sleep apnea. On exam his blood pressure was 153/84. He is maintained on medical therapy and has been instructed to monitor his blood pressure daily. The treating provider has requested total body plethysmography testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hemodynamic study (total body plethysmography):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation on Other Medical Treatment Guideline or Medical Evidence: Medscape Internal Medicine- Plethysmography 2012.

**Decision rationale:** There is no documentaiton provided necessitating the request for total body plethysmography. Per Medscape Internal Medicine, plethysmography is a nonivasive technique for measuring the blood flow to an organ, body region, or limb. Total body plethysmography is

used to measure total lung capacity and functional residual capacity of the lungs. Plethysmography is used as the sole diagnostic modality to diagnose deep vein thrombosis and arterial occlusive disease. The claimant has a history of hypertension and coronary artery disease. Per his treating provider he has high vascular resistance and requires regular monitoring with plethysmography. He is maintained on medical therapy. There is no indication for routine plethysmography screening for monitoring of these conditions. He has no history of deep venous thrombosis, circulatory or active cardiovascular symptoms. Medical necessity for the requested item has not been established. The requested item is not medically necessary.