

Case Number:	CM13-0061818		
Date Assigned:	12/30/2013	Date of Injury:	05/14/2010
Decision Date:	08/08/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/05/2013

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 Neuromusculoskeletal Medicine, and is licensed to practice in Arizona. 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:

This is a 49-year-old female patient who sustained a work related injury on 5/14/2010 as a result of an unknown mechanism of injury. The provided PR-2's, dated 3/11/2013, 9/30/2013 and 11/11/2013 are all hand written and only partial legible. I am only able to decipher that the patient has an elevated blood pressure and uncontrolled hypertension with a left sided ventricular enlargement that is causing periventricular contractions. Her physical exam findings are either not documented or completely illegible. I could only decipher the patient as taking Benicar for her hypertension, Protonix for her gastro-esophageal reflux disease (GERD) and Celebrex for her lower back pain. In dispute is a decision 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: 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 Other Medical Treatment Guideline or Medical Evidence:<http://my.clevelandclinic.org/heart/diagnostics-testing/nuclear-imaging/hemodynamic-test.aspx>.

Decision rationale: The Utilization review performed on November 26, 2013 requests typed, legible notes so an understanding of the patient condition, subjective complaints, objective physical exam finding and treatment plan may be understood by the reviewing physician. This was not done and the submitted hand written notes are only partially legible. Since a decision is based upon a review of the submitted documentation, I find the request is not medically necessary as I cannot determine the clinical rational or the necessity of the requested procedure.