

Case Number:	CM13-0063773		
Date Assigned:	12/30/2013	Date of Injury:	02/16/2006
Decision Date:	10/01/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/10/2013

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 Geriatrics 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 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 65 year old man with a date of injury of 2/16/06. At issue in this review is a hemodynamic study requested on 11/5/13 for diagnoses of hypertension and left ventricular hypertrophy. The worker was seen by his primary treating physician on 11/5/13 status post prostate surgery. He was having difficulty with urinary retention. He was on Diovan and his blood pressure was said to be doing better. His exam included a blood pressure of 126/89, regular rhythm on heart exam, lungs clear and abdomen soft. His diagnoses were hypertension, GERD, and left ventricular hypertrophy. He was to continue Diovan 80mg daily and a hemodynamic study was requested. Review of other records showed a normal electrocardiogram in 2010.

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: Decision based on MTUS Chronic Pain Treatment Guidelines.

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: The Eighth Report of the Joint National Committee on Prevention, Detection,

Evaluation, and Treatment of High Blood Pressure,
<http://jama.jamanetwork.com/article.aspx?articleid=1791497>

Decision rationale: This 65 year old injured worker has no documentation of any cardiac symptoms and has a diagnosis of hypertension which is currently well controlled on oral medications - Diovan. The request for a hemodynamic study is very non-specific. The worker meets the recommendations in JNC 8 for adults aged greater than or equal to 60 years with regards to blood pressure range. Given the absence of cardiac symptoms or documentation of hemodynamic instability or issues, the records do not support the medical necessity of hemodynamic study.