

<b>Case Number:</b>	CM13-0066108		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	01/09/1998
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	11/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 Orthopedic Surgery, has a subspecialty in Spine Surgery 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 patient is a 75-year-old female with multiple body parts injured arising out of employment in January 1998. Mechanism of injury is unknown. Diagnoses are related to gastritis, hiatal hernia, hypertension, and orthopedic condition above in her legs. At issue is whether hemodynamic testing is medically necessary. One of the patient's medical providers auscultated a holosystolic murmur in the region of the right upper sternal border. There is a question of whether the finding is an isolated and asymptomatic finding. At issue is whether hemodynamic studies medically necessary.

### 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 ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, Knee & Leg, Official Disability Guidelines (ODG) Section: Hernia

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Evidence, BMJ Publishing Group, Ltd; London, England; Section: Cardiovascular Disorders, Condition: Secondary Prevention of Ischaemic

Cardiac Events, and Chertin, MD, Alpert JS, Armstrong WF, Aungemma GP, Beller GA, Bierman FZ, Davidson TW, Davis JL, Do

**Decision rationale:** The patient's provider documented an asymptomatic holosystolic murmur in the right upper sternal border. These findings may represent an isolated and apparently asymptomatic findings based on the medical records available for review. Evaluation by a cardiac specialist should first be performed prior to proceeding with diagnostic workup in the form of hemodynamic studies. Since the patient has not been evaluated by a cardiac or vascular specialist, hemodynamic studies are not medically necessary at this time. The patient should first be seen by a specialist to determine whether or not the physical exam findings is significant and requires hemodynamic workup. Criteria for hemodynamic workup are not met.