

Case Number:	CM13-0068458		
Date Assigned:	03/21/2014	Date of Injury:	01/04/2011
Decision Date:	06/12/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/19/2013

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 has a subspecialty in Pain/Internal Medicine/Physical Therapy 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:

The injured worker presents with a medical history of hypertension who suffered a work-related injury on 1/4/11 with resulting chronic shoulder, neck and back pain. The injured worker was evaluated on 10/11/13 by a general internist with a diagnosis of hypertension. The evaluation notes that the injured workers blood pressure is 123/76 and that she is still on blood pressure medications. No further physical exam is documented. The treatment plan includes urinalysis, ECG/plethysmography and venipuncture for laboratory studies including blood chemistries, cholesterol panel and complete blood count. These services were denied retrospectively on 12/5/13 as not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR ECG/PLETHYSMOGRAPHY(DOS 10/11/2013):

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 UptoDate.com - "Overview of hypertension in adults" and Initial evaluation of the hypertensive adult".

Decision rationale: The MTUS is silent with regards to diagnosis, treatment and evaluation of the hypertensive patient and the use of plethysmography and ECG. According to Up-To-Date the initial evaluation of the hypertensive patient includes studies to determine the extent of target organ damage, to assess the patient's overall cardiovascular risk status and to rule out identifiable and often curable causes of hypertension. Most patients should undergo a relatively limited work-up including hematocrit, urinalysis, routine blood chemistries and estimated glomerular filtration rate, electrocardiogram and lipid profile. In this case the patient is seen by the internist for evaluation of hypertension and an ECG and plethysmography was ordered. A plethysmography is used to measure changes in volume in different parts of the body. In this case the documentation does not specify which part of the body plethysmography is supposed to evaluate. Furthermore there is no role for plethysmography in the evaluation of the hypertensive patient. Therefore, the retrospective request for ECG /plethysmography provided on 10/11/2013 is not medically necessary and appropriate.

RETROSPECTIVE REQUEST FOR URINE DIPSTICK/GLUCOSE-REAGENT STRIP (DOS 10/11/2013): Overturned

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 UptoDate.com -"Overview of hypertension in adults" and Initial evaluation of the hypertensive adult".

Decision rationale: The MTUS is silent with regards to diagnosis, treatment and evaluation of the hypertensive patient. According to uptodate the initial evaluation of the hypertensive patient includes studies to determine the extent of target organ damage, to assess the patient's overall cardiovascular risk status and to rule out identifiable and often curable causes of hypertension. Most patients should undergo a relatively limited work-up including hematocrit, urinalysis, routine blood chemistries and estimated glomerular filtration rate, electrocardiogram and lipid profile. In this case the patient is seen by the internist for evaluation of hypertension, the urine dip is appropriate to assess possible target-organ damage (with protein in the urins) and possible other cardiovascular risk factors (with possible glucose in the urine). Therefore, the retrospective request for Urine Dipstick/Glucose-Reagent Strip (DOS 10/11/2013) is medically necessary and appropriate.

RETROSPECTIVE REQUEST FOR LABS/VENIPUNCTURE (DOS 10/11/2013): Overturned

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 UptoDate.com -"Overview of hypertension in adults" and Initial evaluation of the hypertensive adult".

Decision rationale: The MTUS is silent with regards to diagnosis, treatment and evaluation of the hypertensive patient. According to uptodate the initial evaluatiion of the hypertensive patient includes studies to determine the extent of target organ damage, to assess the patient's overall cardiovascular risk status and to rule out identifiable and often curable causes of hypertension. Most patients should undergo a relatively limited work-up including hematocrit, urinalysis, routine blood chemistries and estimated glomerular filtration rate, electrocardiogram and lipid profile. In this case the patient is seen by the internist for evaluation of hypertension, the venipuncture for labs including blood chemistries and hematocrit and cholesterol panel is appropriate to assess possible target-organ damage and possible other cardiovascular risk factors. Therefore, the retrospective request for Labs/Venipuncture (DOS 10/11/2013) is medically necessary and appropriate.