

<b>Case Number:</b>	CM13-0069968		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	12/30/2009
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	11/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2013

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in Texas. 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 47-year-old who reported an injury on December 30, 2009. The mechanism of injury was not provided for review. The injured worker's treatment history included surgical intervention, multiple medications, physical therapy, and activity modifications. The injured worker was evaluated on October 18, 2013. It was documented that the injured worker had a blood pressure reading of 119/84 with a heart rate of 60 beats per minute. Cardiovascular findings were within normal limits. The patient had abdominal tenderness to palpation. The injured worker's diagnoses included sleep disorder, chest pain, shortness of breath, abdominal pain, acid reflux, dysphasia, and H. pylori infection. The injured worker's treatment plan included continued medications, a new blood pressure monitor, a computerized mechanism to track patient usage and compliance, a pulmonary consultation, and a sleep study.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BLOOD PRESSURE MONITOR:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross of California Medical Policy - Durable Medical Equipment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes Chapter, Hypertension treatment.

**Decision rationale:** The requested blood pressure monitor is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address this request. Official Disability Guidelines do support self-monitoring of blood pressure readings. However, clinical documentation submitted for review fails to identify that the injured worker is self-monitoring blood pressure and providing this information to the treating physician. There is no documentation that the injured worker requires a replacement unit. Therefore, the need for a new blood pressure monitor is not clearly supported within the documentation. The request for a blood pressure monitor is not medically necessary or appropriate.

**INTERPRETER SERVICE:** 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 article Working With Interpreters: Practical Advice For Use Of An Interpreter In Healthcare; Hadziabdic, E., & Hjelm, K. (2013), International Journal of Evidence Based Healthcare, 11(1), 69-76.

**Decision rationale:** The requested interpreter service is not medically necessary or appropriate. California Medical Treatment Utilization Schedule and Official Disability Guidelines do not address this request. Peer-reviewed literature do support the use of interpreter services over the use of family members to assist in providing medical information to an injured worker that does not communicate proficiently in the treating physician's preferred language. However, the clinical documentation submitted for review does not clearly identify the treating physician's preferred language or that the injured worker is not proficient in that language. Therefore, the need for an interpreter service is not clearly identified. The request for an interpreter service is not medically necessary or appropriate.