

Case Number:	CM14-0004616		
Date Assigned:	02/26/2014	Date of Injury:	05/13/2007
Decision Date:	06/26/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	11/12/2013

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 and is licensed to practice in California, Colorado, Kentucky, and North Carolina. 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 53 year old female who reported injury to the right shoulder. No information was submitted regarding initial injury. A psychiatric treatment note dated 09/18/12 indicated the injured worker complaining of constant pain in upper extremities and low back. The injured worker stated that she averaged about five hours of sleep each night. The injured worker rated the ongoing pain 8-9/10. The injured worker utilized Zoloft and Klonopin. A clinical note dated 01/07/13 indicated the injured worker completing 15 physical therapy sessions to date. The injured worker complained of low back pain with radiculopathy. The injured worker demonstrated decreased range of motion. A clinical note dated 12/17/13 indicated the injured worker complaining of gastrointestinal problems as a result of taking Naprosyn. Previous utilization review dated 10/02/13 resulted in denial for hemodynamic study as no information was submitted regarding clinical findings resulting in medical necessity for the requested studies.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation
[HTTP://www.ncbi.nlm.nih.gov/pubmed/24047378](http://www.ncbi.nlm.nih.gov/pubmed/24047378).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Fischbach FT, Dunning MB III, eds. (2009). Manual of Laboratory and Diagnostic Tests, 8th ed. Philadelphia: Lippincott Williams and Wilkins. Pagana KD, Pagana TJ (2010). Mosby's Manual of Diagnostic and Laboratory Tests, 4th ed. St. Louis: Mosby Elsevier.

Decision rationale: The request for hemodynamic study is non-certified. The clinical documentation indicates the injured worker complaining of pain at several sites. Hemodynamic studies would be indicated provided that the injured worker meets specific criteria, including significant pathology identified by clinical evaluation specifically with circulatory system. No information was submitted regarding significant findings indicating circulatory compromise. Given this, the request is not indicated as medically necessary.