

Case Number:	CM14-0005135		
Date Assigned:	02/19/2014	Date of Injury:	10/19/2011
Decision Date:	09/17/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/14/2014

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 41-year-old female who was reportedly injured on 10/19/2011. The mechanism of injury was noted as a fall. The most recent progress note dated 11/20/2013, indicated that there were ongoing complaints of bilateral knees pain. The physical examination was handwritten and very illegible. It stated right knee tender medial joint line, lateral joint line, and swelling. The rest of the physical exam was not able to be deciphered. No recent diagnostic studies are available for review. Previous treatment included conservative treatment. A request was made for hemodynamic studies and was not certified in the pre-authorization process on 12/19/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

HEMODYNAMIC STUDIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation HEMODYNAMIC AND ECHOCARDIOGRAPHIC PROFILES IN AFRICAN AMERICAN COMPARED WITH WHITE OFFSPRING OF HYPERTENSIVE PATENTS: THE HYPERGEN STUDY ([HTTP://WWW.NCBI.NLM.NIH.GOV/PUBMED/24242823](http://www.ncbi.nlm.nih.gov/pubmed/24242823)).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Merck Manual. Acute Coronary Syndrome, Coronary Artery Disease.

Decision rationale: California Medical Treatment Utilization Schedule/ American College of Occupational and Environmental Medicine practice guidelines do not address routine laboratory testing for kidney or liver function. Official Disability Guidelines does not directly address routine testing; however, it supports labs for acetaminophen overdose and hepatotoxicity. Therefore, other medical references were used for this request. After review of the medical records provided, it is noted the injured worker had an episode of high blood pressure 153/100, but after further review, it was found to be within normal limits. There were no other abnormalities on physical exam concerning pulmonary, cardiac, abdominal, renal and endocrine systems. Therefore, the request for hemodynamic studies is not justified and deemed not medically necessary.