MAXIMUS Federal Services

| Case Number: | CM14-0008119 | | |
|---|---|---|---|
| Date Assigned: | 05/14/2014 | Date of Injury: | 01/30/2012 |
| Decision Date: | 07/10/2014 | UR Denial Date: | 12/26/2013 |
| Priority: | Standard | Application Received: | 01/22/2014 |

## 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 Internal Medicine and is licensed to practice in California. 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 58 year old male who reported an injury who was diagnosed with hypertrophic cardiomyopathy. A clinical note dated 12/17/13 indicated the injured worker showing stable blood pressures of 130-138/90-95. A clinical note dated 09/24/13 indicated the injured worker being diagnosed with hypertrophic cardiomyopathy. The injured worker had an ejection fraction of approximately 40%. A clinical note dated 07/30/13 indicated the injured worker undergoing extensive work up addressing his cardiac issues. The injured worker underwent stress physical. The injured worker had been advised that his PVCs were identified in the last 15 seconds. However, no recommendations were made. The previous utilization review dated 12/26/13 resulted in non-certification for hemodynamic study as the condition of the injured worker was stable at this time. The injured worker presented with no new complaints or exacerbation of symptoms that would require additional testing at this time.

## 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 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 1.)Fischbach FT, Dunning MB III, eds. (2009). Manual

of Laboratory and Diagnostic Tests, 8th ed. Philadelphia: Lippincott Williams and Wilkins.2.)Pagana KD, Pagana TJ (2010). Mosby's Manual of Diagnostic and Laboratory Tests, 4th ed. St. Louis: Mosby Elsevier.

**Decision rationale:** Clinical documentation indicates the patient having significant cardiac history. A hemodynamic study would be indicated provided that the patient meets specific criteria, including recent findings indicating the need for additional studies. No information was submitted regarding the presentation of the patient confirming the need for additional studies. Given this, the request is not indicated as medically necessary.