

<b>Case Number:</b>	CM14-0015362		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	02/10/1980
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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 Orthopaedic 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 records presented for review indicate that this 63-year-old individual was injured in February 1980. It was noted that the request for a hemodynamic study was not certified in the preauthorization process. The current diagnoses list includes hypertension, left ventricular hypertrophy, left ventricular diastolic dysfunction. The dramatic diagnoses include "double crush syndrome," cervical/lumbar discopathy and impingement syndrome of the bilateral shoulders. A June 28 2013 agreed medical evaluation noted the injury involved the cervical spine, bilateral shoulders, low back, bilateral knees and left foot as a continuous trauma injury. A chronic pain situation is noted. The current complaints (at that time) included chronic neck pain. There are no cardiac, or hypertensive issues described. In July 2013, an additional medical record review was completed. There were complaints of high blood pressure and hearing loss noted. Comorbidities of high glucose and high cholesterol are noted. A Stage I hypertension is noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### 1 HEMODYNAMIC STUDY: Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pulmonary Chapter, Pulmonary Function Testing

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Kamath SA, et al. (August 2009). Correlation of impedance cardiography with invasive hemodynamic measurements in patients with advanced heart "Correlation of impedance cardiography with invasive hemodynamic measurements in patients with advanced heart failure: the BioImpedance CardioGraphy (BIG) substudy of the Evaluation Study of Congestive Heart Failure and Pulmonary Artery Catheterization Effectiveness (ESCAPE) Trial". Am. Heart J. 158 (2): 217-23

**Decision rationale:** It is noted that this individual has a history of hypertension. However, the most current clinical evaluations discuss the orthopedic injuries sustained as a function of his duties. There is no current clinical evaluation suggesting the need for hemodynamic studies, for assessment of the function of the heart. Therefore, based on this limited clinical information, this request is not clinically indicated as medically necessary.