

Case Number:	CM14-0018537		
Date Assigned:	04/18/2014	Date of Injury:	01/24/2011
Decision Date:	06/30/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/13/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Sports Medicine 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 63-year-old male who reported an injury on 01/24/2011 due to cumulative trauma while performing normal job duties. The injured worker developed hypertension that was treated with medications. The injured worker underwent a hemodynamic study on 07/02/2013 that documented an elevated heart rate at 94 beats per minute, decreased stroke index at 29 and stroke volume at 71, a decreased acceleration index at 40 and velocity index at 19, a decreased thoracic fluid content at 28.3, and a decreased systolic time ratio at 0.24. The injured worker was evaluated on 10/08/2013. It was documented that the injured worker's blood pressure was 128/70 with a pulse of 62 beats per minute with a regular rate and rhythm. It was documented that the injured worker had undergone an electrocardiogram with a 60% ejection fraction. The injured worker's diagnoses included hypertension with left ventricle hypertrophy, sleep apnea, and psychiatric deficits. The injured worker's medications included Benicar/hydrochlorothiazide 20/12.5 mg. It was noted that the injured worker's blood pressure was well controlled on this medication. The injured worker was evaluated on 01/07/2014. It was documented that the injured worker had well-controlled blood pressure and was considered stable on medications. Physical findings included blood pressure described as 119/79 with a regular rhythm without gallops. Request was made for a hemodynamic study.

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 JNC 8 Report: Paul A. James , Et al. 2014 Evidence-Based Guideline for the Management of High Blood Pressure in Adults Report From the Panel Members Appointed to the Eighth Joint National Committee (JNC 8). JAMA, doi: 10.1001/jama.2013.284427. First Reported Online: Dec 18, 2013 and JNC7 Report: Chobanian AV, et al. National Heart, Lung, and Blood Institute Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure; National High Blood Pressure Education Program Coordinating Committee. The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure: the JNC 7 report. JAMA. 2003 May 21;289(19):2560-72

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Engineer, R. S., Benoit, et al. (2012). Hemodynamic Changes As A Diagnostic Tool In Acute Heart Failure--A Pilot Study. The American journal of emergency medicine, 30(1), 174-180 and Kasner, M., Westermann, D., et al. (2012). Left ventricular dysfunction induced by nonsevere idiopathic pulmonary arterial hypertension: a pressure-volume relationship study. American Journal of Respiratory and Critical Care Medicine, 186(2), 181-189

Decision rationale: The requested hemodynamic study is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule and Official Disability Guidelines do not address this request. Peer-reviewed literature titled "Hemodynamic Changes as a Diagnostic Tool in Acute Heart Failure - A Pilot Study," indicates that certain hemodynamic measures are useful to appropriately identify patients at risk for acute heart failure. The clinical documentation submitted for review does indicate that the injured worker recently underwent a hemodynamic study that did provide information that would assist the prescribing physician in treatment planning. However, the clinical documentation submitted after the hemodynamic study supports that the injured worker is stable with medications without any significant clinical findings to support that the injured worker is at risk for acute heart failure. Therefore, the need for an additional hemodynamic study is not clearly indicated. Additionally, a peer-reviewed article titled "Left Ventricle Dysfunction Induced by Non-severe Idiopathic Pulmonary Arterial Hypertension: Pressure-Volume Relationship Study," reports that hemodynamic studies are an appropriate diagnostic tool for patients who are symptomatic and have uncontrolled hypertension related to left ventricle dysfunction. The clinical documentation submitted for review does support that the injured worker has well-controlled hypertension on medications and does not provide any evidence in the injured worker's clinical presentation to support the need for an additional hemodynamic study. As such, the requested hemodynamic study is not medically necessary or appropriate.