

<b>Case Number:</b>	CM14-0019800		
<b>Date Assigned:</b>	04/28/2014	<b>Date of Injury:</b>	04/22/2008
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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:

This is a 56-year old female patient with a 4/22/08 date of injury. She stated that when she worked from 11/21/07 to 4/22/2008 as a [REDACTED], she was under condition of distressing quantitative and qualitative work overload. These work conditions made her more emotionally and physically strained and exhausted. The patient indicated that approximately in 2005 she began to experience episodes of sharp, distal, substernal pain accompanied by palpitations. After a 2 day hospitalization on 8/2005, she had been informed that her cardiac complains related with emotional stress. On 8/21/2010, an internal medicine consultation revealed that the patient developed anxiety attacks, sleep disturbances, chest pain and headaches. On 06/22/2011, office visit she reported that she has a history hypertension and gastrointestinal problem. She had been diagnosed with gastroesophageal reflux disease, uncontrolled hypertension, left ventricular hypertrophy. Blood pressure was 140/102. Her Lisinopril dose was increased to 20 mg PO every day. A 01/15/14 progress report indicates that despite taking Lisinopril for hypertension, she still had blood pressure 150/105. There is documentation of a previous determination on 01/28/2014 because there was no specification of the type of hemodynamic study requested.

### 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 Other Medical Treatment Guideline or Medical Evidence: Blue Cross Plethysmography.

**Decision rationale:** CA MTUS does not address this issue. Blue Cross Guidelines state that Plethysmography is a noninvasive technique for measuring the blood flow to an organ, body region, or limb. A variety of plethysmographic techniques are available. The most useful measure: (1) the physical dimensions or electrical properties of an organ or body part or (2) blood flow velocity with ultrasound. Plethysmography is used to diagnose deep vein thrombosis and arterial occlusive disease. Plethysmography is used as the sole diagnostic modality for these conditions or as an initial evaluation to determine the need for venography or arteriography. The patient presented with a history of hypertension and gastroesophageal reflux disease. Objectively, blood pressure varies from 140/102 to 150/105 during observation, even though she was taking her blood pressure medication Lisinopril. Provider recommends to stop Lisinopril, and start using Cozaar for high blood pressure. However, there was no rationale for a hemodynamic study. It is unclear why the response to the switch to Cozaar would not be observed first before considering further diagnostic work-up. In addition, there were no recent echocardiographic results to reveal cardiac remodeling in progress. Therefore, the request for Hemodynamic Study is not medically necessary.