MAXIMUS Federal Services

Case Number:	CM14-0113565		
Date Assigned:	08/01/2014	Date of Injury:	10/07/2005
Decision Date:	09/10/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/21/2014

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 and Rehabilitation, has a subspecialty in Pain 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 patient, a 49 year old male, stated that the initial injury occurred in 01/07/05 when he fell from a ladder. He struck his right ribs on a boat and there was a loss of consciousness. The patient reported subsequent dizziness. A clinical note dated 01/02/14 indicated the patient complaining of right shoulder, right rib, and low back pain rated 8-9/10 on the visual analog scale. The patient underwent an Electroencephalography (EEG). The MRI of the right shoulder dated 12/10/13 revealed degenerative joint disease with chondromalacia at the humeral head. Tendinopathy was moderate at the supraspinatus and infraspinatus. A clinical note dated 02/26/14 indicated the patient complaining of headaches. The patient utilized Celebrex and Cymbalta as part of pain relief. The utilization review dated 06/20/14 resulted in denial for use of a blood pressure monitor as no information was submitted regarding the need to continually monitor blood pressure outside of the clinical setting.

IMR ISSUES, DECISIONS AND RATIONALES

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

Blood Pressure Monitor: 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 Official Disability Guidelines (ODG) Knee and Leg Chapter, Durable medical equipment.

Decision rationale: The patient complained of pain at several sites. Blood pressure monitoring is traditionally part of a clinical assessment in order to fully assess the patient's status. No information was submitted regarding the need for continual monitoring of blood pressure or treatments contingent on blood pressure readings. It is unclear as to the reason for continual blood pressure monitoring outside of the clinical setting. Given this, the request is not indicated as medically necessary.