

Case Number:	CM14-0167103		
Date Assigned:	10/14/2014	Date of Injury:	01/28/1998
Decision Date:	11/17/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/10/2014

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 Family 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 66-year old man was injured on 1/28/98. The mechanism of injury is not described in the available records. He apparently has had multiple surgeries which have included back, right shoulder and right wrist surgeries. Current diagnoses include gastropathy secondary to medication use, insomnia, hypertension with hypertensive vascular disease, left knee internal derangement, hyperlipidemia, mild obesity and left knee patellofemoral syndrome. Current medications include Dexilant, Cozaar, Norvasc, and Norco 10/325. The records contain several progress notes written by the primary treater, which are only partially legible. The 9/3/14 note states that the patient "noticed blood pressure been high last week", that he complained of joint pain throughout his body with bilateral shoulder and lumbosacral pain. Exam findings included a blood pressure of 128/86. Heart findings included "normal sinus rhythm without (illegible)", lungs were clear, and there was decreased back and shoulder range of motion. The listed diagnoses were gastropathy secondary to med use and insomnia; hypertension with hypertensive vascular disease; and "status post right wrist and shoulder symptoms and mild obesity". Treatment plan was to continue the current medications. There was no mention of a plan for hemodynamic testing or any explanation of why it might be indicated. There is a request for authorization of a hemodynamic study which is also dated 9/3/14 and which lists the patient's diagnosis as hypertensive heart disease. In addition, the records contain a 7/9/14 request for authorization of a one-year gym membership.

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 cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: UptoDate, an online evidence-based review service for clinicians, (www.uptodate.com), Overview of hypertension in adults, and Cardiovascular risks of hypertension

Decision rationale: Hemodynamic testing involves testing of the movement of the blood and the pressures being exerted in a patient's veins, arteries and heart. Invasive hemodynamic testing is used to monitor critically ill patients and their response to therapy, and requires the insertion of a catheter into an artery, vein or heart chamber. Noninvasive hemodynamic testing apparently exists, but I was unable to find any information on its indications and usage that was non-proprietary or evidence-based. The ACOEM reference cited above states that the clinician can always think about differential diagnoses, which does not have to be a long process. By stepping back and reevaluating the patient and the entire clinical picture, symptoms or physical findings may be identified that have developed since the injury and that may not be consistent with the original diagnosis. A detailed history and physical examination should be conducted. Special studies may be used to determine the presence of conditions that might be helped by surgical or medical therapy. However, the occupational health professional managing the case must be sure that the studies are indicated and are specific and sensitive for the related condition. Testing can be done to confirm clinical data. In addition, effective therapy should be available for any condition that the clinician attempts to identify. According to the UptoDate references, evaluation of hypertension should include a history and physical with assessment for target-organ damage. Testing should include electrolytes, serum creatinine, fasting glucose, urinalysis, lipid profile, ECG; and possibly screening for microalbuminuria and an echocardiogram. Hypertension increases the risks for several kinds of heart disease, including coronary artery disease, systolic heart failure, diastolic heart failure, and atrial fibrillation. There is no evidence in the records of any sort of careful assessment of this patient's entire clinical picture, or of any detailed history and physical. It is not clear what the diagnosis of concern is, since it is listed in the progress note as hypertensive vascular disease, and as hypertensive heart disease in the request for authorization of the same date. The term "hypertensive heart disease" is non-specific and could include anything from coronary artery disease to atrial fibrillation, as discussed above. The appropriate testing for these two diagnoses is very different, and does not include hemodynamic testing unless the patient is unstable. The treating provider requested authorization for a year's gym program less than two months prior to requesting hemodynamic testing, and has documented no major change in status. It seems unlikely that the patient has become unstable enough to require hemodynamic testing of any type. It is unclear from the request whether the testing requested is invasive or not, and what hemodynamic parameters are to be tested. Based on the evidence-based citations above and the clinical documentation provided to me, a hemodynamic study is not medically necessary. It is not medically necessary because the provider has not made a careful assessment of the patient, has not clearly specified what study he is requesting, has not clearly indicated for what condition he has requested the study, and has not established that the study is specific and sensitive for that condition. Therefore this request is not medically necessary.