

Case Number:	CM14-0033288		
Date Assigned:	06/20/2014	Date of Injury:	12/10/2010
Decision Date:	07/18/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/17/2014

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 New Jersey. 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 worker is a 59 year old male who has been diagnosed with asthma, hypertension, allergic rhinitis, gastroesophageal reflux disease, diverticulosis, chronic kidney disease (stage 3), obesity, lower back pain, knee pain, left ventricular hypertrophy, and hearing loss. He had been prescribed anti-hypertensive medications, antihistamines, nasal steroids, albuterol, inhaled steroids, diet and exercise, and famotidine. On 7/3/13 and again on 8/14/13 ICG (impedence cardiography) tests were done (no explanation was found in the notes provided). According to the note dated on 2/12/14 the worker's pain management physician saw him (mostly illegible note), and a blood pressure of 148/88 was measured and lisinopril was continued. A request for a hemodynamic study was made afterwards.

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 www.bcbsms.com, Plethysmography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [Medscape.com](http://www.medscape.com), Noninvasive Hemodynamic Monitoring in Heart Failure: Utilization of Impedance Cardiography, Clyde Yancy M.D., and William T. Abraham, M.D., (<http://www.medscape.com/viewarticle/463474>).

Decision rationale: Within the medical records provided for review, reports for ICG (impedance cardiography) tests were reviewed. It is unclear if it was the intention of the requesting physician to have the ICG reviewed for medical necessity. ICG has currently inconclusive evidence for application for general use in those with heart failure, but seems to be promising as the technology has improved. Following more research on the newer technology for accuracy and practical use, there may be more of a clear determination for medical necessity in cases such as this one. In general, however, the worker in this case, at least according to the limited notes available for review, has not exhibited any signs or symptoms or any of the criteria that would justify additional testing, including hemodynamic studies. Without clarification as to which specific study was intended to be requested for review and without any criteria being met for any further testing for his left ventricular hypertrophy and hypertension, the request is not medically necessary.