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| Case Number: | CM14-0034580 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 01/30/2012 |
| Decision Date: | 09/17/2014 | UR Denial Date: | 03/03/2014 |
| Priority: | Standard | Application Received: | 03/20/2014 |

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 is a 60 year old male patient who reported an industrial injury on 1/30/2012, over 2 years ago, attributed to the performance of his customary job tasks. The clinical narrative by the treating physician reported that the patient had a history of hypertension and coronary artery disease. It was documented that the patient's blood pressure with better control. The patient was reported to have had a history of left ventricular hypertrophy. The cardiopulmonary examination was normal. It was reported that the patient underwent hemodynamic studies to assess his systemic vascular resistance index. The patient is also noted to complain of low back pain radiating to the right lower extremity. The patient is being treated for the diagnoses of cervicalgia; carpal tunnel syndrome; shoulder pain; internal derangement knee; lumbago; and planter fasciitis.

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: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines Page(s): 6.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 32, Chronic Pain Treatment Guidelines History and Physical Examination Page(s): 6.

Decision rationale: There was no demonstrated medical necessity for the provision of hemodynamic studies to assess his systemic vascular resistance index. The patient was documented to have a normal cardiopulmonary examination and normal blood pressure. The patient was documented to have HTN and CAD. There was no provided nexus to the cited mechanism of injury. The treating physician provided no rationale supported with objective evidence to support the medical necessity of the performed hemodynamic studies. The ACOEM Guidelines; ODG; and CA MTUS are silent for the Hemodynamic Studies. There is no evidence provided that the resistance index is medically necessary to treat the reported hypertension.