

Case Number:	CM14-0038739		
Date Assigned:	06/27/2014	Date of Injury:	05/10/2012
Decision Date:	09/03/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/02/2014

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, has a subspecialty in Pulmonary Diseases 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:

The injured worker is a 56-year-old male who reported an injury on 05/10/2012 due to an unknown mechanism of injury. He complained of high blood pressure. The injured worker sought emergent care on 11/12/2013 due to heart palpitations, shortness of breath, weakness, and nausea. He underwent observation and evaluation that resulted in a normal EKG, and normal initial cardiac enzymes. His vital signs were within normal limits upon discharge. He was evaluated on 12/17/2013. It was noted that the injured worker's medications included Lisinopril 40 mg twice a day, Sentra AM, Sentra PM, GABAdone, and gabapentin 100 mg. Physical findings included a blood pressure reading of 169/99 mmHg without medications and a pulse of 69. He had a regular rate and rhythm, S1 and S2, with no rubs or gallops. His lungs were clear to auscultation with no rales or wheezes and no dullness to percussion. His diagnoses included hypertension, chest pain, palpitations, shortness of breath, orthopedic diagnoses, and psychiatric diagnoses. A request was made for a urine toxicology screening, an EKG, a 2-D echo with Doppler, a blood pressure monitor, and a translator/interpretation services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment for Workers' Compensation (TWC), Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, page 43 Page(s): 43.

Decision rationale: The clinical documentation submitted for review does indicate that the injured worker is on medications that could be monitored for aberrant behavior. The California Medical Treatment Utilization Schedule does recommend that the injured worker be monitored for aberrant behavior. However, the clinical documentation fails to provide any evidence that the injured worker has signs and symptoms suggestive of overuse or underuse of medications. There is no documented evidence of aberrant behavior. The injured worker has regular drug screens consistent with their medication schedule. As such, the requested urine toxicology screen is not medically necessary or appropriate.

Electrocardiogram (EKG): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Philadelphia (PA); Intracorp;2004.

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: American Heart Association, Critical Care Nurse, February 2009, vol. 29 - no. 1, pages 67-73.

Decision rationale: The American Heart Association recommends electrocardiograms (EKGs) to assist with monitoring and developing therapeutic treatments related to cardiac deficits. The clinical documentation submitted for review does indicate that the injured worker recently underwent an EKG that had normal findings. His evaluation on 12/17/2013 did not provide any evidence of significant changes in his clinical presentation to support the need for an additional study. If he has a normal baseline function as evidenced by the previous EKG and no changes upon evaluation, an additional study would not be indicated. As such, the requested EKG is not medically necessary or appropriate.

2D Echo with doppler: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Zipes: Braunwald's Heart Disease: A Textbook of Cardiovascular Medicine, 7th edition.

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: American Society of Echocardiography and the Society of Cardiovascular Anesthesiologists. Journal of the American Society of Echocardiography.

Decision rationale: The American Society of Echocardiography recommends performing a 2D echo with Doppler to evaluate for left ventricular failure. The injured worker does not have any diagnostic evidence to support the need for this type of evaluation. The clinical documentation

indicates that he has not had a significant change in clinical presentation to support the need for further diagnostic studies. As such, a requested decision for 2D echo with Doppler is not medically necessary or appropriate.

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) Diabetic Chapter, Hypertension.

Decision rationale: Official Disability Guidelines do recommend blood pressure monitoring for patients with cardiac dysfunction leading to hypertension. However, the clinical documentation does indicate that the injured worker has been diagnosed with hypertension since 2002. Regular blood pressure monitoring would be indicated in this clinical situation. However, due to the age of the diagnosis, it would be expected that regular blood pressure monitoring by the patient was already part of the injured worker's treatment plan. There is no mention of a need for a replacement unit. Furthermore, the request as it is submitted does not specifically identify the type of blood pressure monitor that would be needed. As such, the requested blood pressure monitor is not medically necessary or appropriate.

Translation/interpretation services: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The clinical documentation does indicate that the injured worker is a Spanish speaking person. The American College of Occupational and Environmental Medicine recommends that the injured worker be engaged in development of treatment planning. As the injured worker is primarily Spanish speaking, an interpreter would be necessary to assist with evaluating and managing the injured worker's treatment. As such, the requested translation/interpretation services are medically necessary and appropriate.