MAXIMUS Federal Services

Case Number:	CM14-0047031		
Date Assigned:	07/02/2014	Date of Injury:	05/27/2010
Decision Date:	08/01/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/14/2014

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 and is licensed to practice in New York. 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 claimant is a 31 year old male who sustained an industrial injury on 05/27/2010. He was injured while pushing a dolly up a ramp when he felt a poke in his ankle. His diagnoses include neck pain, knee pain, bilateral ankle and bilateral foot pain. Therapies have included medications, foot bracing, chiropractic care, shockwave therapy, injections, neurostimulation, and knee bracing. No physical exam abnormalities were noted. An Internal Medicine evaluation with laboratory studies revealed an elevated uric acid to 9.0. The claimant was felt to have a diagnosis of gout requiring medical therapy. The treating provider has requested an electrocardiogram, plethysmography, and 24 hour blood pressure monitoring.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrocardiogram: Overturned

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 Other Medical Treatment Guideline or Medical Evidence: Medscape Internal Medicine 2013-Hypertensive Heart Disease.

Decision rationale: An electrocardiogram is indicated for the evaluation of significant hypertensive heart disease. The ECG is often used as an inexpensive, initial screening tool to assess target organ damage in a hypertensive patient. It can be used to assess the presence of left atrial enlargement, LVH, MI, myocardial ischemia, ventricular premature beats, and AF. Medical necessity for the requested item is established. The requested item is medically necessary.

Plethysmography: 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 Other Medical Treatment Guideline or Medical Evidence: Medscape Internal Medicine 2013: Plethysmography.

Decision rationale: Plethysmography is a noninvasive technique for measuring the blood flow to an organ, body region, or limb. A variety of plethysmographic techniques are available. The most useful measure: the physical dimensions or electrical properties of an organ or body part or blood flow velocity with ultrasound. Plethysmography is used to diagnose deep vein thrombosis and arterial occlusive disease. Plethysmography is used as the sole diagnostic modality for these conditions or as an initial evaluation to determine the need for venography or arteriography. There is no indication to use plethysmography to evaluate the claimant for hypertension. Medical necessity for the requested item is not established. The requested item is not medically necessary.

24 hour 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 X Other Medical Treatment Guideline or Medical Evidence: Medscape Internal Medicine 2013- 24 Hour Blood pressure monitoring.

Decision rationale: There is no indication for 24 hour blood pressure monitoring. Studies confirm that ambulatory blood pressure monitoring devices more accurately reflect a patient's blood pressure and correlate more closely with end-organ complications than blood pressure levels measured in the physician's office. Discriminate use of this technology in specific clinical circumstances assists in identifying patients at risk for hypertension and may result in improved outcomes in this subset of patients. Ambulatory blood pressure monitoring may be particularly helpful in clinical situations such as borderline hypertension, white-coat hypertension, apparent drug resistance, hypotensive symptoms from medications or autonomic dysfunction, episodic hypertension, and evaluation of antihypertensive efficacy. There is only one documented blood pressure reading of 160/116. Serial blood pressure readings can be obtained and given the present recorded reading initiation of medical therapy is indicated. Medical necessity for the requested item has not been established. The requested item is not medically necessary.