

<b>Case Number:</b>	CM14-0048576		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	11/01/2013
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/28/2014

### 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 General Surgery, has a subspecialty in Surgical Critical Care, and is licensed to practice in Texas. 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 54-year-old female who injured the right hand on 11/1/13 after falling while playing handball with students. X-rays of the right hand on 11/1/13 showed undisplaced fracture at the base of the fourth proximal phalanx. The injured worker also developed trapezius strain, lumbar strain/sprain and ankle sprain/strain. The prior treatment consisted of closed reduction and pinning on 11/15/13 followed by removal of hardware on 1/31/14; splint application, occupational therapy, pain medications, and hand therapy protocol. The injured worker underwent psychotherapy for post-traumatic stress disorder. A 2/17/14 examination gave diagnosis of hypertension. The claimant had diet-controlled hypertension until recently when she was started on medication. Blood pressure was 122/69. Electrocardiogram (EKG) done on 2/17/14 was borderline with sinus rhythm, probable left atrial abnormality and probable anterior infarct. Echocardiogram (ECG), urine dipstick, CBC/SMA-19/sed rate, glucose reagent strip, thyroid panel, plethysmography, blood pressure monitor, echocardiogram, kidney ultrasound and aorta ultrasound were ordered. The diagnoses were industrial stress, hypertension and orthopedic injury. On 2/28/14, hemodynamic testing was performed. On 3/12/14, retrospective request from 2/17/14 for ECG, one urine dipstick, one venipuncture, one glucose reagent strip - were all certified while retrospective request for one plethysmography, one 24-hour blood pressure monitor between 2/17/14 and 2/18/14, one echocardiogram and one kidney and aorta ultrasound were non-certified. On 5/27/14, the claimant continued to have pain and stiffness in the right ring finger due to inadequate therapy. Additional therapy and meloxicam was prescribed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) plethysmography between 2/17/2014 and 2/17/2014: 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: Goodacre, S., Sampson, F., Stevenson, M., Wailoo, A., Sutton, A., Thomas, S., Locker, T., Ryan, A.(2006). Measurement of the clinical and cost-effectiveness of non-invasive diagnostic testing strategies for deep vein thrombosis. *Health Technol Assess.* May;10(15):1-168, iii-iv.

**Decision rationale:** There are no guidelines that incorporate plethysmography in workup of fall on outstretched hand. The claimant had a phalangeal fracture. Generally, plethysmography is employed for screening of peripheral vascular disorder such as chronic venous insufficiency or peripheral arterial disease. There are no indications to warrant such a screening as there is no report of claudication or venous insufficiency. As such, the request cannot be deemed as medically necessary.

**One (1) 24 hour blood pressure monitor between 2/17/2014 and 2/18/2014: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Hackham, D. G. et al. (2013). Canadian Hypertension Education Program. The 2013 Canadian Hypertension Education Program recommendations for blood pressure measurement, diagnosis, assessment of risk, prevention and treatment of hypertension. *Canadian Journal of Cardiology (CJC).* May; 29(5): 528-42. (38 references). Pubmed External Web Site Policy.

**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: Luehr, D., et al. (2012). Hypertension diagnosis and treatment. *National Guideline Clearinghouse: Hypertension diagnosis and treatment.* Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2012 Nov. 67 p. [127 references].

**Decision rationale:** There are no indications to warrant 24 hour blood pressure monitoring such as anxiety, or white coat syndrome or paroxysmal hypertension. A blood pressure monitor should be a priority for persons likely to have a blunted nighttime blood pressure decline and elevated cardiovascular disease risk, i.e., those who are elderly and obese, those with secondary or resistant hypertension, and those diagnosed with diabetes, chronic kidney disease, metabolic syndrome, and sleep disorders. There is no such documentation to warrant 24 hr monitoring. The treatment of phalngeal fracture or low back pain does not require such elaborate monitoring. As such, the request cannot be deemed as medically necessary.

**One (1) echocardiogram between 2/17/2014 and 2/17/2014: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Michigan Quality Improvement Consortium. Medical management of adults with hypertension. Southfield (MI): Michigan Quality Improvement Consortium 2-11 Aug. 1p.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back , Preoperative testing, general, and Other Medical Treatment Guideline or Medical Evidence: National Guidelines Clearinghouse: The 2013 Canadian Hypertension Education Program recommendations for blood pressure measurement, diagnosis, and assessment of risk, prevention, and treatment of hypertension.

**Decision rationale:** The records reviewed do not indicate the claimant has any risk factors to necessitate preoperative echocardiography. The claimant is undergoing an outpatient hand surgical procedure done under regional or local anesthesia. There is no documentation of any cardiac abnormalities such as heart murmur, or congestive heart failure or associated coronary risk factors to warrant echocardiography. Essential Hypertension does not require echocardiography in its treatment. Therefore, the request cannot be deemed as medically necessary.

**One (1) aorta ultrasound between 2/17/2014 and 2/17/2014: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American College of Radiology (ACR), American Institute of Ultrasound in medicine (AIUM), Society of Radiologists in Ultrasound (SRU). ACR-AIUM-SRU practice guideline for the performance of diagnostic and screening ultrasound of the abdominal aorta in adults. (online publication). Reston (VA): American College of Radiology (ACR); 2010, 4p. (5 references).

**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 College of Radiology (ACR), American Institute of Ultrasound in medicine (AIUM), Society of Radiologists in Ultrasound (SRU). ACR-AIUM-SRU practice guideline for the performance of diagnostic and screening ultrasound of the abdominal aorta in adults. (online publication). Reston (VA): American College of Radiology (ACR); 2010, 4p. (5 references).

**Decision rationale:** There is no documentation of mediastinal abnormalities on chest x-ray or other findings to warrant thoracic aortic ultrasound. There is no physical exam of the abdomen regarding any pulsatile masses to warrant abdominal aortic ultrasound. The work up essential hypertension would not necessitate ultrasound imaging. Therefore, the request cannot be deemed as medically necessary.

**One (1) kidney ultrasound between 2/17/2014 and 2/18/2014: 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: American College of Radiology; ACR-AIUM-SPR-SRU Practice Guideline for the Performance of an Ultrasound Examination of the Abdomen and/or Retroperitoneum.

**Decision rationale:** There is no documentation of any abdominal bruits or poorly controlled hypertension as to necessitate renal ultrasound. Essential hypertension monitoring would not predicate renal ultrasound. The documentation provided does not support renal ultrasound. There is no history of renal caculi or Chronic Kidney disease to warrant imaging. As such, the request is not certified.