

Case Number:	CM14-0049699		
Date Assigned:	07/07/2014	Date of Injury:	01/11/2013
Decision Date:	09/05/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/17/2014

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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for diabetes, hypertension, sleep disturbance, wrist pain, shoulder pain, and neck pain reportedly associated with an industrial injury of January 11, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; unspecified amounts of chiropractic manipulative therapy; a multimodality transcutaneous electrotherapy device; unspecified amounts of acupuncture; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In a Utilization Review Report dated March 27, 2014, the claims administrator denied a request for an ICG (Impedance Cardiography). The applicant's attorney subsequently appealed. In a March 18, 2014 note, the applicant presented with controlled blood pressure, an average blood sugar of 105, intermittent abdominal pain, 6-7/10. The applicant was obese, with a height of 5 feet 5 inches and weight of 191 pounds. A carotid ultrasound, blood glucose monitor, and diabetes supplies were ordered. An electrodiagnostic testing of January 7, 2014 was negative for any evidence of carpal tunnel syndrome or cervical radiculopathy of either upper extremity. On January 14, 2014, an ophthalmology consultation was ordered to rule out any evidence of hypertensive retinopathy. In an earlier note dated October 18, 2013, the applicant's internist noted that the applicant presented to follow up on routine issues associated with prediabetes mellitus, hypertension, reflux, and sleep disturbance. The applicant was using Norvasc, Zestril, and Advil on an as-needed basis, it was stated. The attending provider noted that the applicant's blood pressure was 155/96. The applicant was obese. Authorization was sought for urine toxicology testing, laboratory testing, an Accu-Chek, abdominal ultrasound, upper GI series, EKG, 2-D echocardiogram, sleep study with CPAP titration, blood pressure monitoring, diabetes supplies, and impedance cardiography. The applicant's work status was not furnished.

IMR ISSUES, DECISIONS AND RATIONALES

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

ICG (Impedance cardiography): 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 Congestive Heart Failure, September-October 2003.

Decision rationale: The MTUS does not address the topic. While the review article appearing in Congestive Heart Failure notes that impedance cardiography is a viable noninvasive technique in early and late-stage heart failure which provides assistance in the diagnostic evaluation of the same, in this case, however, the applicant does not, in fact, carry a diagnosis of congestive heart failure. There is no evidence that the applicant has suspected congestive heart failure. There was no mention of any issues with exertional dyspnea, shortness of breath, history of old MI, usage of Lasix, etc. which could have suggested that the applicant's operating diagnosis here was, in fact, congestive heart failure, for which impedance cardiography would have been indicated. No rationale for selection of the test in question was proffered by the attending provider, who ordered this test in conjunction with numerous other tests, including an upper GI series, a 2-D echocardiogram, sleep study, EKG, upper GI series, abdominal ultrasound etc. Therefore, the request is not medically necessary.