

Case Number:	CM14-0051128		
Date Assigned:	09/12/2014	Date of Injury:	01/11/2013
Decision Date:	12/12/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/18/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Louisiana. 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 patient is a 54 year old female who was injured on 01/11/2013 due to a cumulative trauma. Prior medication history included lisinopril, amlodipine, and Advil as needed. Stress test performed on 10/23/2013 was not clear enough to document. Blood work taken on 10/21/2013 was within normal limits except for elevated RDW at 15.2% and MPV at 11.7. Lipid panel revealed elevated cholesterol at 290 and LDL at 216 and decreased HDL at 55. Progress report dated 12/13/2013 indicated that the patient presented with stabilized weight, which was noted to be 200lbs on exam with a height of 5'5. Her blood pressure was documented as uncontrolled with average at 145/87. Her blood pressure at this visit was 129/84 and heart rate was 76 BPM. Blood pressure reading on 10/18/2013 was 112/113 on first take and on second take was 179/113 with a weight of 196lbs and heart rate of 67 BPM. Progress report dated 03/18/2014 documented the patient presented with controlled blood pressure but had no changes in weight or acid reflux. On exam, her blood pressure is 115/76; heart rate of 81; blood glucose at 134 mg; and weighs 194 pounds. Her cardiovascular exam revealed a regular rate and rhythm and normal S1, S2. There were no other significant findings on exam. She is diagnosed with weight gain which is noted to be stabilized; hypertension, uncontrolled; diabetes mellitus-diet controlled; and acid reflux secondary to non-steroidal anti-inflammatory drugs (NSAIDs). The patient was recommended for a blood pressure monitor to the patient's readings. There is no documented consistency of blood pressure readings or blood pressure diary/log to adequately assess the patient's readings. Prior utilization review dated 03/28/2014 states the request for blood pressure monitor (1) was denied as were lack of documented evidence submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Blood pressure monitor (1): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://guideline.gov/content.aspx?id=14588&search=blood+pressure+monitorin>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://www.heart.org/HEARTORG/Conditions/HighBloodPressure/SymptomsDiagnosisMonitoringofHighBloodPressure/Home-Blood-Pressure-Monitoring_UCM_301874_Article.jsp

Decision rationale: CA MTUS/ACOEM and Official Disability Guidelines (ODG) do not address the request for blood pressure monitor. Alternate guidelines state for clinical purposes, recording blood pressure over several visits may predict future cardiovascular risks. Home and ambulatory blood pressure monitoring helps improve blood pressure control and identify hypertension. In this case, there is a lack of documentation to support the necessity of a blood pressure monitor. Therefore, this request is not medically necessary.