

Case Number:	CM14-0075704		
Date Assigned:	07/16/2014	Date of Injury:	01/28/2012
Decision Date:	08/28/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/23/2014

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 Nevada. 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 records presented for review, indicate that this 57-year-old male was reportedly injured on 1/28/2012. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated 4/16/2014, indicated that there were ongoing complaints of hypertension. The physical examination was handwritten and only partially legible. The progress noted blood pressure was 115/70. Breathing was better. No recent diagnostic studies are available for review. Previous treatment included medication and conservative treatment. A request was made for hemodynamic study (unspecified) and was not certified in the pre-authorization process on 4/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hemodynamic Study (Specific Type Unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines Page(s): 6. Decision based on Non-MTUS Citation <http://www.guideline.gov/search/search.aspx?term=systemic+vascular+resistance+index>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment / Integrated Treatment/Disability Duration Guidelines Pain (Chronic) - Acetaminophen, updated 6/10/2014.

Decision rationale: Periodic lab monitoring has been recommended to measure liver, lipid, renal, and complete blood count (CBC) tests. After reviewing the medical records provided, there was no determination as to what test was requested as well as any documentation to support the need for this testing. Lacking documentation, this test is deemed not medically necessary.