

Case Number:	CM14-0134348		
Date Assigned:	08/29/2014	Date of Injury:	09/08/2008
Decision Date:	01/23/2015	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/22/2014

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 Rehab and is licensed to practice in Illinois. 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 51-year-old male who reported injuries due to heavy lifting on 09/08/2008. On 11/26/2014, his diagnoses included hypertension aggravated by work related injury, hyperlipidemia secondary to hypertension, shortness of breath secondary to anxiety, abdominal pain, acid reflux secondary to stress, weight gain, sleep disorder, mitral stenosis, gastritis, cervical spine HNP, lumbar spine HNP, and osteoarthritis of the lower limb. The submitted documents reveal that his blood pressure was 114/83, 114/83, and 122/80 on 3 different occasions and 143/83 on 1 occasion when he had not taken his antihypertensive medications. His medications included hydrochlorothiazide 12.5 mg, Lisinopril 10 mg, aspirin 81 mg, and a medical food called Hypertensa. His medications would generally be considered of relatively low dosage, and his hypertension, as documented, appears to be well controlled. There was no rationale included in this injured worker's chart. A Request for Authorization, dated 07/08/2014, was included.

IMR ISSUES, DECISIONS AND RATIONALES

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

New Blood Pressure Monitor w/Mechanism to track use & compliance: 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 Official Disability Guidelines (ODG), Knee & Leg, Durable medical equipment (DME)

Decision rationale: The request for New Blood Pressure Monitor w/Mechanism to track use & compliance is not medically necessary. In the Official Disability Guidelines, durable medical equipment (DME) is recommended generally if there is a medical need and if the device or system meets Medicare's definition of DME, defined as equipment which can withstand repeated use, for example, could normally be rented and used by successive patients, and is primarily and customarily used to serve a medical purpose. As noted above, this injured worker's blood pressure appears to be consistently within normal limits. The need for a new sphygmomanometer has not been clearly demonstrated in the submitted documentation. Therefore, this request for New Blood Pressure Monitor w/Mechanism to track use & compliance is not medically necessary.