

<b>Case Number:</b>	CM14-0200063		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	03/22/1994
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Internal 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 injured worker (IW) is a 60-year-old woman with a date of injury of March 22, 1994. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are myalgia and myositis; an internal derangement knee. Pursuant to a progress note date October 28, 2014, subjective complaints are continued total body pain, chronic fatigue and problems sleeping. Objective findings were notable for no new joint swelling and normal neurologic examination. No other physical examination was performed. The treatment plan states needs physical therapy to continue working and medications including Lorazepam, Cymbalta, Glucosamine, Provigil were continued. There is no documentation indicating a causal relationship between hypertension, heart failure or other malady involving the cardiovascular system. There is no documentation of heart disease or heart abnormality on physical examination. There is no abnormal EKG performed. The current request is for hemodynamic studies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hemodynamic:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://hyper.ahajournals.org/content/38/1/1> Studies in Hemodynamics and Hypertension, Edward D. Freis

**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: Hemodynamic Studies in Patients with Borderline Blood Pressure Elevation 1. STEVO JULIUS, M.D., Sc.D.; 2. JAMES CONWAY, M.D., PH.D.  
<http://circ.ahajournals.org/content/38/2/282.short>.

**Decision rationale:** Pursuant to the cited guidelines (AHA Journals) hemodynamic studies are not medically necessary. Hemodynamic studies include a description of changes associated with congestive heart failure and with acute myocardial infarction. A progress note dated October 28, 2014 enumerates diagnoses and myalgia and myositis; an internal derangement knee. Subjective complaints are continued total body pain, chronic fatigue and problems sleeping. Objective findings were notable for no new joint swelling and normal neurologic examination. No other physical examination was performed. The treatment plan states the injured worker needs physical therapy to continue working. Medications lorazepam, Cymbalta, glucosamine, Provigil were continued. There is no documentation indicating a causal relationship between hypertension, heart failure or other malady involving the cardiovascular system and the work injuries. There is no documentation of heart disease or heart abnormality on physical examination. There is no abnormal EKG performed. Hemodynamic studies are not a routine complement of hypertensive heart disease. Moreover, hemodynamic studies are not related to the injured worker's current symptoms and clinical findings. Consequently, absent documentation supporting the need for hemodynamic studies, a causal relationship between hypertension and other heart related maladies and the injured workers injuries, hemodynamic studies are not medically necessary.