

Case Number:	CM15-0005613		
Date Assigned:	01/26/2015	Date of Injury:	10/05/2001
Decision Date:	03/12/2015	UR Denial Date:	12/25/2014
Priority:	Standard	Application Received:	01/12/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Emergency Medicine

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 55 year old male, who sustained an industrial injury on October 5, 2001. The diagnoses have included hypertension and left ventricular hypertrophy, left atrial enlargement and hypertensive heart disease, and orthopedic condition. Treatment to date has included physical therapy, chiropractic care, and medications. The Primary Treating Physician's report dated December 16, 2014, noted the injured worker's blood pressure at 191/125, in normal sinus rhythm, with the lungs clear, having worn a twenty-four hour blood pressure monitor. On December 25, 2014, Utilization Review non-certified one hemodynamics (pulmonary function test-plethysmography) noting there was no objective or subjective findings to indicate a chronic lung disease or any supporting diagnosis. The Official Disability Guidelines (ODG), Pulmonary (Acute & Chronic) was cited. On January 12, 2015, the injured worker submitted an application for IMR for review of one hemodynamics (pulmonary function test-plethysmography).

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) hemodynamics (pulmonary function test- plethysmography): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pulmonary (Acute & Chronic) Pulmonary function testing

Decision rationale: The Expert Reviewer's decision rationale: The requested One (1) hemodynamics (pulmonary function test- plethysmography), is not medically necessary. CA MTUS is silent and ODG, Pulmonary (Acute & Chronic) note that studies are indicated for significant chronic pulmonary disease evaluation. The treating physician has documented that the injured worker's blood pressure at 191/125, in normal sinus rhythm, with the lungs clear, having worn a twenty-four hour blood pressure monitor. The treating physician has not documented objective or subjective findings indicative of pulmonary disease requiring this diagnostic evaluation. The criteria noted above not having been met, One (1) hemodynamics (pulmonary function test- plethysmography) is not medically necessary.