

<b>Case Number:</b>	CM15-0135982		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	06/04/2013
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 59-year-old male who sustained an industrial injury on 6/4/2013 resulting in chronic pain in multiple sites, and, subsequently, report of high blood pressure. He is diagnosed with hypertension. Treatment has included Metoprolol, Hydrochlorothiazide, and pain interventions including medication, chiropractic treatment, and knee surgery. The injured worker continues to present with concerns of high blood pressure. The treating physician's plan of care includes an internal medicine consult for hypertension. He is presently not working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Internal medicine consultation for evaluation of complaints regarding hypertension:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7: Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

**Decision rationale:** Pursuant to the ACOEM, internal medicine consultation for evaluation of complaint regarding hypertension is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured workers working diagnoses are cervical Radiculopathy; lumbosacral Radiculopathy; meniscal tear medial; and current care of medial cartilage or meniscus of knee. The date of injury is June 4, 2013. Request for authorization is dated June 15, 2015. According to a progress note dated May 28, 2015, the injured worker's subjective complaints are low back pain radiating to the bilateral lower extremities and neck pain radiating to the upper extremities. The only accepted body part is the right knee. The documentation indicates the injured worker is complaining of exacerbation of pre-existing hypertension. The treating provider has not established a causal relationship between hypertension and the work-related injury. Hypertension is pre-existing. Hypertension is managed by the primary care provider notwithstanding complications relating to the hypertension. There were no complications documented the medical record. Additionally there were no vital signs with blood pressures or heart rates documented in the progress note May 28th 2015. Consequently, absent clinical documentation establishing causation and clinical documentation of blood pressures, internal medicine consultation for evaluation of complaint regarding hypertension is not medically necessary.