MAXIMUS Federal Services

Case Number:	CM15-0162142		
Date Assigned:	08/28/2015	Date of Injury:	07/24/2013
Decision Date:	10/21/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/18/2015

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: Texas, California
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 36 year old male patient, who sustained an industrial injury on July 24, 2013. He sustained the injury due to cumulative trauma. The diagnoses include hypertension, cumulative trauma to bilateral upper extremities, bilateral carpal tunnel syndrome and bilateral cubital tunnel syndrome. Per the doctor's note dated 8/6/15, he had controlled blood pressure; reported palpitation and shortness of breath, unchanged anxiety and musculoskeletal complaints. The physical examination revealed blood pressure - 121/81 mmHg, weight 291 pounds. Per the doctor's note dated 7/1/15, he had ongoing pain, numbness, tingling, and weakness in the bilateral upper extremities; bouts of depression, stress, anxiety, and insomnia. He reported being diagnosed with hypertension in approximately 2013. He reported Checking his blood pressure on a regular basis with an average blood pressure of 152 over 105 with occasional spikes to 190 over 117 mmHg with medication. He smoked cigarettes and abused drugs in the past, but not currently. The physical examination revealed a blood pressure of 158 over 103, a pulse of 102, height of 6 foot 3 inches, and weight of 292 pounds. There was no elevation in the jugular venous pressures, 2+ carotid upstrokes, no systolic or diastolic bruits, a regular cardiac rate and rhythm, regular S1 and S2, and no rubs or gallops, and no clubbing, cyanosis, or edema in the extremities. The medications list includes HCTZ (Hydrochlorothiazide), alprazolam, remeron, diclofenac, tramadol, pantoprazole, aspirin and ibuprofen. He has had EMG/NCS of the upper extremities on 12/18/2014; carotid ultrasound on 8/6/15 with normal findings. He has had physical therapy visits for this injury. Per the treating physician, the patient is temporarily totally disabled. The treatment plan included a low-sodium diet and a blood pressure monitor for keeping a blood pressure diary to bring to the next visit. On August 6, 2015, the original utilization review non-certified a request for a blood pressure monitor.

IMR ISSUES, DECISIONS AND RATIONALES

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

Blood Pressure Monitor: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Diabetes (updated 09/10/15) Hypertension screening.

Decision rationale: Blood Pressure Monitor. Per the cited guidelines "Recommended annual blood pressure screening for adults 40 and older and individuals at elevated risk, including bp at the top of the normal range (130 - 139), overweight or obese, or are black. Adults between ages 18 and 39 years with normal blood pressure (<130) and no risk factors should be rescreened every 3 to 5 years. The US Preventive Services Task Force (USPSTF) recommendation differs from past statements in comparing the accuracy of three methods: office blood pressure measurement, ambulatory blood pressure monitoring, and home blood pressure monitoring. Ambulatory monitoring measures blood pressure every 20 to 30 minutes over the course of 24 to 48 hours of normal activity. The task force concluded that ambulatory blood pressure monitoring should be the reference standard for confirming office-based diagnosis, since it can rule out white coat hypertension. Home blood pressure monitoring may be acceptable, and more evidence is also needed to assess the accuracy of kiosk measurements. The harms associated with ambulatory blood pressure monitoring are minor (e.g., disturbed sleep, discomfort, and restricted movements), but failure to confirm a diagnosis can lead to unnecessary use of anti-hypertensives. The draft recommendations conclude that the benefits of screening for high blood pressure in adults to prevent cardiovascular morbidity and mortality are substantial, and the harms of screening are small. (USPSTF, 2015)." He had ongoing pain, numbness, tingling, and weakness in the bilateral upper extremities; bouts of depression, stress, anxiety, and insomnia. He reported being diagnosed with hypertension in approximately 2013. He reported checking his blood pressure on a regular basis with an average blood pressure of 152 over 105 with occasional spikes to 190 over 117 mmHg with medication. The use of a blood pressure monitor is medically appropriate in this patient with diagnosis of hypertension with fluctuating blood pressure readings and a weight of 290 lbs. The request for a Blood pressure monitor is medically appropriate and necessary for this patient.