MAXIMUS Federal Services

Case Number:	CM15-0192545		
Date Assigned:	10/06/2015	Date of Injury:	03/12/2010
Decision Date:	11/13/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/30/2015

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: 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:

This is a 37 year old female who sustained a work-related injury on 3-12-10. Medical record documentation on 9-8-15 revealed the injured worker was being treated for hypertension with mitral valve prolapse, history of myocardial infarction and eczema. On 9-8-15, the evaluating physician noted that with a change of medications the injured worker's blood pressure had been stable at 120-130 over 70-75. Objective findings included a blood pressure of 124 over 82 and a weight of 140 lbs. Documentation on 4-21-15 revealed the injured worker had been doing well with medications and had no hypotension. A request for hemodynamic test was received on 9-10-15. On 9-15-15, the Utilization Review physician determined hemodynamic test was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hemodynamic test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation URL [www.ncbi.nlm.nih.gov/pubmed/1688000].

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2014- Hemodynamic Testing.

Decision rationale: Exercise testing is a cardiovascular stress test that uses treadmill bicycle exercise with electrocardiography (ECG) and blood pressure monitoring. Pharmacologic stress testing, established after exercise testing, is a diagnostic procedure in which cardiovascular stress induced by pharmacologic agents is demonstrated in patients with decreased functional capacity or in patients who cannot exercise. Pharmacologic stress testing is used in combination with imaging modalities such as radionuclide imaging and echocardiography. Exercise stress testing, which is now widely available at a relatively low cost, is currently used most frequently to estimate prognosis and determine functional capacity, to assess the probability and extent of coronary disease, and to assess the effects of therapy. Ancillary techniques, such as metabolic gas analysis, radionuclide imaging (see the images below), and echocardiography, can provide further information that may be needed in selected patients, such as those with moderate or prior risk. In this case, the patient has a history of prior myocardial infarction and hypertension but the specific indication for hemodynamic testing is not provided. Medical necessity for the requested study is not established. The requested study is not medically necessary.