

Case Number:	CM15-0195866		
Date Assigned:	10/09/2015	Date of Injury:	02/15/2005
Decision Date:	11/23/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/06/2015

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 69 year old male, who sustained an industrial injury on 2-15-2005. The injured worker is being treated for atrial fibrillation with hypertension. Treatment to date has included physical therapy, medications and diagnostics. Per the Primary Treating Physician's Progress Report dated 9-03-2015, the injured worker presented for evaluation. He has gone to urgent care. He reported that his blood pressure was low and they decreased his atenolol and diltiazem. He is awaiting ablation to treat his atrial fibrillation. Objective findings included blood pressure 146-111 and heart rate 92. Breath sounds are symmetrical with no rhonchi or rales. He had an irregular heart rhythm without murmur, gallop or click. He has 2+ edema of the lower extremities. Hemodynamic studies were performed in order to assess his SVR (systemic vascular resistance) index. The plan of care included, and authorization was requested on 9-03-2015 for an echocardiogram and hemodynamic studies. On 9-14-2015, Utilization Review non-certified the request 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://www.aetna.com/cpb/medical/data/400_499/0472.html.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA Guidelines for the Clinical Application of Echocardiography (<http://circ.ahajournals.org/content/95/6/1686.long>).

Decision rationale: The request is for hemodynamics. The request is very non-specific. Records submitted for review suggest the intent was to evaluate systemic vascular resistance for the management of congestive heart failure and atrial fibrillation. The causative link between the industrial injury and the current medical condition to be studied in light of this request is not clearly defined within documentation provided for review. The MTUS guidelines and the Official Disability Guidelines are silent on the topic of echocardiography or hemodynamics in the management of congestive heart failure and atrial fibrillation. Therefore, the ACC/AHA Guidelines for the Clinical Application of Echocardiography were utilized for this review, accessed via the web (<http://circ.ahajournals.org/content/95/6/1686.long>). According to these guidelines, echocardiography often provides important insight into the etiology of congestive heart failure signs and symptoms. Routine follow-up echocardiographic examination is not indicated after an initial finding of minimal or mild abnormalities in the absence of a change in clinical signs or symptoms. Utilization review had approved of echocardiography in the management of the injured worker due to a change in clinical status. Direct measurement of systemic vascular resistance index is not a typical component in the chronic management of congestive heart failure. Without clear justification within the documentation submitted for review, the request as submitted is not medically necessary.