MAXIMUS Federal Services

Case Number:	CM15-0199397		
Date Assigned:	10/14/2015	Date of Injury:	01/28/2014
Decision Date:	12/02/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/09/2015

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: 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:

The injured worker is a 40 year old male, who sustained an industrial injury on 1-28-14. The injured worker was diagnosed as having elevated blood pressure. Medical records (5-28-15 through 8-6-15) indicated low back and right knee pain and anxiety and sleep disturbances. The physical exam (5-28-15 through 8-6-15) revealed decreased lumbar range of motion and normal right knee range of motion. As of the PR2 dated 9-16-15, the injured worker reports elevated blood pressure and difficulty sleeping. Objective findings include blood pressure 146-87 and pulse 75bpm, cardiac rate and rhythm were regular and lungs were clear to auscultation. The treating physician recommended labs, an EKG, a 2-D echo, carotid ultrasound and cardio-respiratory testing. Treatment to date has included chiropractic treatments, physical therapy x16 sessions, a sleep study on 3-9-15 and Ibuprofen. The treating physician requested a cardio-respiratory study and carotid vital signs. The Utilization Review dated 9-22-15, non-certified the request for a cardio-respiratory study and carotid vital signs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cardio Respiratory Study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.ncbi.nlm.nih.gov/pubmed/17809393.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.ncbi.nlm.nih.gov/pubmed/12657064.

Decision rationale: Per nih.gov Cardiorespiratory fitness measures are based on a standard treadmill exercise test protocol and include peak oxygen consumption (peak VO2), treadmill exercise duration, and oxygen uptake efficiency slope (OUES). In this case, the injured worker is diagnosed with hypertension. Objective findings include blood pressure 146-87 and pulse 75bpm, cardiac rate and rhythm were regular and lungs were clear to auscultation. The injured worker has undergone sleep study indicating snoring but no sleep apnea. The injured worker is not noted to be utilizing medications to address the hypertension. The medical necessity of a cardio respiratory study has not been supported. The request for cardio respiratory study is not medically necessary and appropriate.

Carotid vital signs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.ncbi.nlm.nih.gov/pubmed/16371268.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.ncbi.nlm.nih.gov/pubmed/26317253.

Decision rationale: According to nih.gov, increased arterial stiffness results from reduced elasticity of the arterial wall and is an independent predictor for cardiovascular risk. The gold standard for assessment of arterial stiffness is the carotid-femoral pulse wave velocity. Other parameters such as central aortic pulse pressure and aortic augmentation index are indirect, surrogate markers of arterial stiffness, but provide additional information on the characteristics of wave reflection. In this case, the injured worker is diagnosed with hypertension. Objective findings include blood pressure 146-87 and pulse 75bpm, cardiac rate and rhythm were regular and lungs were clear to auscultation. The injured worker has undergone sleep study indicating snoring but no sleep apnea. The injured worker is not noted to be utilizing medications to address the hypertension. The medical necessity of a cardio respiratory study has not been supported. The request for Carotid vital signs is not medically necessary and appropriate.