

Case Number:	CM15-0057818		
Date Assigned:	04/02/2015	Date of Injury:	02/02/2012
Decision Date:	05/08/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/26/2015

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: Physical Medicine & Rehabilitation

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 50 year old female, who sustained an industrial injury on 2/2/12. The injured worker was diagnosed as having trauma/contusion injury to head, trauma/contusion to face, left eye and adnexa, ptosis left upper eyelid and headache, hypertension aggravated by recent increase in pain and stress/anxiety. Treatment to date has included oral medications and activity restrictions. (MRI) magnetic resonance imaging of the head was performed on 1/15/15. Currently, the injured worker complains of elevated blood pressure. Physical exam dated 3/3/15 revealed a normal exam. The treatment plan consisted of a request for a home blood pressure machine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Blood pressure machine: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee & Leg chapter, DME.

Decision rationale: The patient presents with hypertension. The request is for BLOOD PRESSURE MACHINE. The request for authorization is dated 02/12/15. MRI of the brain, 01/15/15, shows no acute intracranial process and mild chronic ischemic changes. The patient is continuing with her anti hypertensive medication without fail. She had some palpitations and her cardiologist ordered a Holter monitor. The patient continues with her dyspepsia on a daily basis. She has had a difficult time losing weight since she has been injured, in spite of reductions in calories in her diet. Physical examination reveals blood pressure: 140/88; weight: 169 pounds; pulse: 69. Diagnosis includes hypertension not under the best control times five years, aggravated by recent increase in pain from orthopedic injuries on the job. Per progress report dated, 01/26/15, the patient is temporarily totally disabled. ODG guidelines, Chapter 'Knee & Leg' and Title 'DME', states that The term DME is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. (CMS, 2005) DME is "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below." Per progress report dated, 02/24/15, treater's reason for the request is "The patient is seen earlier than scheduled because of high blood pressure when she saw her primary treating physician last week. She had systolics in the 170s. She is encouraged to use her blood pressure machine daily and to record her morning blood pressures and bring them with her on her next visit." In this case, applying the definition of a DME to the blood pressure machine, (1) withstand repeated use, it is to be used every morning; (2) primarily serve a medical purpose, it measures blood pressure; (3) in the absence of illness, it is not generally useful to person without hypertension; (4) use in home, patient is to record her pressure readings at home and take to treater at follow up visit. It appears the blood pressure machine is reasonable and recommended by ODG. Therefore, the request IS medically necessary.