

<b>Case Number:</b>	CM13-0060306		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/01/2013
<b>Decision Date:</b>	08/06/2015	<b>UR Denial Date:</b>	11/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2013

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 51 year old male, who sustained an industrial injury on 7/01/2013. Diagnoses include borderline hypertension and grade I diastolic dysfunction. Treatment to date has included diagnostic testing, specialist consultations including neurological and ophthalmologist evaluations. Echocardiogram (undated) was read by the evaluating provider as showing a grade I diastolic dysfunction. Per the Initial Comprehensive Internal Medicine Consultation, dated 11/04/2013, the injured worker's chief complaint is described as a cardiac issue. Physical examination revealed a regular heart rate and rhythm without murmur, gallop, or clicks. Vital signs were recorded as blood pressure 128/80 and pulse 72. The plan of care included further diagnostics to test for episodic hypertension and authorization was requested for 24 blood pressure monitoring.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**24 Hour Blood Pressure Monitoring:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation M di Rienzo, G Grassi, A Pedoti, G Mancia; Hypertension, 1983; 5:264-269 Continuous vs intermittent blood pressure measurements in estimating 24-hour average blood pressure.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.UpToDate.com](http://www.UpToDate.com).

**Decision rationale:** This 51 year old male has complained of cardiac issues since date of injury 7/1/13. The current request is for a 24 hour blood pressure monitoring. 24 hour blood pressure monitoring is a diagnostic study used in the evaluation of hypertension. The available medical records do not document any objective data consistent with a diagnosis of hypertension. On the basis of the available medical records and per the guidelines cited above, 24 hour blood pressure monitoring is not indicated as medically necessary.