

<b>Case Number:</b>	CM14-0217127		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	01/30/2007
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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: District of Columbia, Virginia  
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:

The injured worker is a 63 year old male with a reported industrial injury on January 30, 2007, the mechanism of the injury was not provided in the available medical records. The injured worker was seen on September 9, 2014, for follow-up visit with primary treating physician. The diagnostic studies have included CT coronary angiogram on February 1, 2007, echocardiogram, PDT, brachial blood pressure index on July 9, 2008. Diagnoses are Diabetes, hypertension with Left ventricular hypertrophy and Coronary Artery Disease. The Utilization Review documented records for November 18, 2014, that indicated the injured worker reported his blood pressure to be stable. On exam the blood pressure was 142/82. The recommendations from the provider included, Viagra, Levemir insulin, Novolog insulin, Victoza, Metformin, Crestor and laboratory studies. On November 20, 2014, the provider requested hemodynamic study, on December 3, 2014, the Utilization Review non-certified the request, the decision was based on <http://www.bcbsms.com/com/bcbsms/apps/policysearch/views/viewpolicy.php?&noprint=yes&path=%2femed%2fplethysmography.html>.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hemodynamic study:** Upheld

**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

<http://www.expertconsultbook.com/expertconsult/ob/book.do?method=display&type=bookPage&decorator=none&eid=4-u1.0-B978-0-323-07902-0..10003-0--s0180&isbn=978-0-323-07902-0>

<http://circ.ahajournals.org/content/39/1/139.full.pdf>

**Decision rationale:** ACOEM and MTUS do not specifically address this intervention. Alternate resources were looked at. Hemodynamic monitoring requires more invasive testing for the purposes of measuring blood pressure and intracardiac pressures. This patient did not have a medical indication which would warrant this testing at this time.