

Case Number:	CM15-0012720		
Date Assigned:	01/30/2015	Date of Injury:	02/29/2012
Decision Date:	03/19/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/21/2015

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, Indiana, New York
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 52 year old male who sustained a work related injury as a police officer on February 29, 2012. The mechanism of injury is noted as a gunshot shattering the injured worker's right femur. Surgical intervention was immediate followed by physical therapy. According to the primary treating physician's progress report on December 8, 2014, the injured worker experiences right leg pain with swelling and buckling at times. Tenderness at the right hip, anterior and lateral leg was noted. Pain was noted with terminal motion and no clinical evidence of instability. The injured worker is overweight and has recently been diagnosed with hypertension and medications were begun. The injured worker denies chest pain and shortness of breath. Heart rhythm was noted as normal sinus rhythm without ectopics. Current medications consist of analgesic creams, Flexeril and Lotrel. The injured worker returned to full duties at his employment. The treating physician requested authorization for Hemodynamic Testing. On December 26, 2014 the Utilization Review denied certification for Hemodynamic Testing. Since the Medical Treatment Utilization Schedule (MTUS) is silent on recommendations for this request other alternative guidelines were utilized in the decision process.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hemadynamic: 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://my.clevelandclinic.org/services/heart/diagnostics-testing/nuclear-imaging/hemodynamic-test>

Decision rationale: Pursuant to the Cleveland clinic, hemodynamic testing is not medically necessary. Hemodynamic testing is a nuclear imaging procedure that evaluates the function of the heart and circulation. This test helps the physician determine causes of syncope or other circulation disorders. In this case, the injured worker sustained gunshot wound to the right femur. He underwent surgical repair of the right femur. He received physical therapy and elevated blood pressure was noted at that time cardio medley was noted. There is no documentation indicating comorbidity conditions or past medical history to determine whether hypertension was a pre-existing illness. The injured worker has cardiomegaly and this is likely secondary to prolonged hypertension." Physical findings from a November 6, 2014 progress note contained a blood pressure of 122/82 in the right arm and 120/80 and the left arm. Heart rate is 80 respirations are normal with an oxygen saturation of 96% (normal). The progress note from December 9, 2014 contains diagnosis of hypertension, left ventricular hypertrophy and sexual dysfunction. The request for authorization dated December 9, 2014 contains an order for Hemodynamic with a CPT code 94726. A search for the CPT code resulted in pulmonary function tests. There is no clinical documentation in the medical record to support hemodynamic testing or pulmonary function testing based on the documentation. The subjective complaints section contains two lines most of which is illegible. The first line state the injured worker scheduled for a treadmill test. The second line is illegible. The objective section contains normal vital signs with clear lung fields and no edema in the extremities. Consequently, absent clinical documentation with a clinical indication and rationale to support the performance of hemodynamic testing in the presence of an incorrect CPT code, hemodynamic testing is not medically necessary.